

## ADMINISTRATIVE OFFICE OF THE COURTS STUDENT INTERN ORIENTATION TRAINING & CHECKLIST

Employee:	Hire Date:	End Date:	Employee ID:
<hr/>			
Intern's Classification:	Judicial Entity:	Position #:	
<hr/>			
Hourly Rate:			
<hr/>			
Pay Range:	Compa Ratio:		
<hr/>			
OL Number:	Full Time / Part Time (circle one)	Under the age of 18 (circle one): Yes /No	
<hr/>			
Supervisor:	Status of Position: Non-Benefited Temp		
<hr/>			
FLSA Status: Non-Exempt			
<hr/>			
Employment History: New Hire			
<hr/>			

### SECTION 1 – Policy Training & Acknowledgement forms

**Please initial that you received and are aware that you are responsible for reading and adhering to all New Mexico Judicial Branch Personnel Rules, Policies and Procedures, including any applicable forms effective immediately, and for the duration of your employment. You will also sign an acknowledgement form to this affect, and that it is your responsibility for complying with future changes and revisions of such Rules, Policies, Procedures, Practices, Regulations, or Guidelines.**

SECTION 1 - Policy, Training & Acknowledgement forms	Incumbents Initials / AOC HRD Received
(1.A) *New Mexico Judicial Code of Conduct and Supreme Court order 10-8500 <a href="#">(CLICK HERE)</a> (1.A.1) *Acknowledgement form for NM Judicial Branch Personnel Rules & Regulations – Definitions of Just Cause and NM Judicial Branch Personnel Policies and Supreme Court Order 21-8500-022 - Code of Conduct and Supreme Court order 10-8500 [including Training] <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.A.2) Supreme Court Order No. 23-8500-010 Rescinding Order No. 22-8500-037 <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.B) Driving While Intoxicated (DWI) Policy <a href="#">(CLICK HERE)</a> (1.B.1) Driving While Intoxicated (DWI) Acknowledgement Form <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.C) * Policy for Financial Fraud Policy and Supreme Court Order 14-8500 <a href="#">(CLICK HERE)</a> (1.C.1) *Acknowledgement form for Financial Fraud Reporting and Prevention Policy [Including Training] <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.D) *Policy for Drug/Alcohol Free Workplace and Drug/Alcohol Testing <a href="#">(CLICK HERE)</a> (1.D.1) *Acknowledgement form for Drug-Free and Alcohol-Free Work Place and Drug/Alcohol Testing Policies [including Training] <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.E) Workers' Compensation Policy <a href="#">(CLICK HERE)</a> (1.E.1) *Acknowledgement from for Workers' Compensation Policy <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.F) *Policy for Driving with Electronics <a href="#">(CLICK HERE)</a> (1.F.1) *Acknowledgement form for Driving with Electronics Policy [including Training] <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>
(1.G) Loss Prevention and Control & FEMA Training, Video and Active Shooter "How to Respond" Acknowledgement Form [Undergraduate & Graduate Intern Only] <a href="#">(CLICK HERE)</a>	_____ <input type="checkbox"/>

\*Forms completed AT New Employee Orientation  
 \*\*Forms due back to AOC HRD within two weeks  
 Updated 6/2/25

(1.H) Computer and Internet Use Policy and Supreme Court Order 06-8500 <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(1.H.1) *Computer and Internet Use Policy and Supreme Court Order Acknowledgement form <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(1.J) *Policy for Harassment, Including Sexual Harassment, Discrimination & Retaliation Prevention	_____	
(1.J.1) *Acknowledgement form for Harassment, Including Sexual Harassment, Discrimination & Retaliation Prevention Policy [including Training] <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(1.K) Administrative Office of the Courts Vehicle & Reimbursement Policy <a href="#">(CLICK HERE)</a>	_____	
(1 K.1) Administrative Office of the Courts Vehicle & Reimbursement Acknowledgement form <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(1.L) *Acknowledgement form for FLSA and Overtime Compensation <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(1.L.1) Fair Labor Standard Act Determination Letter	_____	<input type="checkbox"/>

**SECTION 2 - Personal Data forms**

(2.A) *Employment Eligibility Verification (I-9) <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(2.B) *Personal Data form <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(2.C) *Employee Withholding Allowance Certificate (W-4) form <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>
(2.D) *Direct Deposit Authorization and Agreement or Declination <a href="#">(CLICK HERE)</a>	_____	<input type="checkbox"/>

**SECTION 3 - Personal Data forms**

(5.A) New Mexico Court Structure <a href="#">(CLICK HERE)</a>	_____
(5.B) Employee Calendar <a href="#">(CLICK HERE)</a>	_____
(5.C) Administrative Office of the Courts <a href="#">(CLICK HERE)</a>	_____
(5.D) Human Resources Staff <a href="#">(CLICK HERE)</a>	_____
(5.E) New Mexico State Courts Map <a href="#">(CLICK HERE)</a>	_____
(5.F) Holiday Schedule <a href="#">(CLICK HERE)</a>	_____
(5.G) Computer Security “Don’t Get Hooked” & “You Are a Target” <a href="#">(CLICK HERE)</a>	_____
(5.H) RAVE Mobile Safety Alert System (get it here!) <a href="#">(CLICK HERE)</a>	_____

**SECTION 4 – Training (in addition to the Training acknowledged in Section 1 of this checklist)**

(6.A) Loss Prevention and Control & FEMA Training, Video, and Active Shooter “Howto Respond” [Undergraduate & Graduate Intern Only] <a href="#">(CLICK HERE)</a>	_____
(6.B) New Employee Orientation PowerPoint Training Presentation: <a href="#">(CLICK HERE)</a> Training: New Employee Orientation Class for High School, Undergraduate & Graduate School Interns _____	_____

Non-Benefited Temporary Employee – An incumbent in a non-benefited temporary position is not eligible to accrue paid time off (PTO) leave in accordance with the NMJBPR, or to pay into PERA. An incumbent hired into a non-benefited temporary position, who works on average more than thirty (30) hours per week or 130 hours per month are considered full-time and are eligible for medical insurance under the Affordable Care Act. A non-benefited temporary employee whose original term of employment was to be less than six (6) months, but is later determined to be longer than six (6) months must be moved into a Benefited Temporary Position, so that the employee may begin contributing to PERA, and begin accruing leave. See also Benefited Temporary Employee. (Added 07/01/14, Amended 05/13/23.

\*Forms completed AT New Employee Orientation  
 \*\*Forms due back to AOC HRD within two weeks  
 Updated 6/2/25

Benefited Temporary Employee – An incumbent in a benefited temporary position is eligible to accrue paid time off (PTO) leave in accordance with the NMJBPR Part I and Part II, pay into PERA, and may elect medical benefits. See also, Benefited Temporary Position, Non-Benefited Temporary Employee, and Non-Benefited Temporary Position. (Added 07/01/14; amended 07/01/19, 05/13/23)

**COMPUTER & INTERNET USAGE ACKNOWLEDGEMENT**

I understand there is no expectation of privacy on state owned equipment and that email and instant messages are kept forever and any content I sent or receive over state owned equipment may be subject to public inspection.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

**NEW ITERN ORIENTATION ACKNOWLEDGEMENT**

I, \_\_\_\_\_, an employee of the Administrative Office of the Courts, hereby certify that I have completed the New Employee Orientation Training, including topics outlined in this document. I certify that I have completed the required acknowledgement forms for each required policy outlined in this document. I further acknowledge that I will read and review the content from the New Employee Orientation training, that I will abide by the policies and training requirements, and that I am responsible for raising with my supervisor and/or AOC Human Resources any questions I may have regarding the training material. I further understand that my violation of any of the aforementioned NMJBPR or AOC policies may result in disciplinary action up to and including dismissal.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Presenter

\_\_\_\_\_  
Date

\*Forms completed AT New Employee Orientation  
\*\*Forms due back to AOC HRD within two weeks  
Updated 6/2/25

# Administrative Office of the Courts

## Supreme Court of New Mexico

Karl W. Reifsteck, AOC Director  
Sarah E. Jacobs, AOC Deputy Director  
Tamara A. Roybal, AOC HR Director



202 E. Marcy St.  
Santa Fe, NM 87501  
(505) 470-7205  
(505) 479-2641 (Fax)

### **ACKNOWLEDGEMENT FORM**

#### **Signed form due back to AOC/HRD or Judicial Entity's HR Professional**

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I, \_\_\_\_\_ understand that I am responsible for reading, reviewing,  
Print Name

and adhering to the NM Judicial Branch Personnel Rules (NMJBPR) Part I for classified employees, or Part II for at-will employees, adopted by Supreme Court Order S-1-AO-2025-00015, effective July 1, 2025, and including the Definitions of Just Cause, as well as the New Mexico Judicial Branch Personnel Policies and the Code of Conduct, which consists of five canons effective February 9, 2010, and adopted by Supreme Court Order #10-8500.

I acknowledge my responsibility for complying with future changes and revisions of such policies, procedures, practices, and regulations as they are communicated to me, and that it is my responsibility to contact my HR Professional should I have questions.

These materials are general in nature and do not address all the possible applications of, or exceptions to, these Rules, Policies, and Procedures. The Supreme Court of the state of New Mexico retains the sole right in its judgment to modify, suspend, interpret, or cancel in whole or part at any time these Rules, personnel policies, or practices as defined in NMJBPR Part I Section 1.04, and Part II Section 15.04.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

cc: Employee Personnel File

**The New Mexico Judicial Branch Personnel Rules, general policies, and the Code of Conduct or Canons are located on the nmcourts website at <https://humanresources.nmcourts.gov/for-judicial-branch-personnel/>.**



**NEW MEXICO JUDICIAL BRANCH  
GENERAL PERSONNEL POLICY AND PROCEDURE:  
DRIVING WHILE INTOXICATED (DWI)**

**Policy No. 2014.NMJB.85**

**DRIVING WHILE INTOXICATED (DWI)  
ACKNOWLEDGMENT FORM**

**Form 2014.NMJB.85-D**

I, \_\_\_\_\_,  
(Print Name)

acknowledge that I have received, read and understand the

**New Mexico Judicial Branch  
Driving While Intoxicated (DWI) Policy & Procedure,**

and understand that I am responsible for adhering to these policies. I understand that I am required to report any arrest for DWI to my Court Executive Officer or Administrative Authority within seventy-two (72) hours. I understand that while the fact of arrest may not be a basis for termination, failure to report **is just cause for discipline up to and including immediate termination.** I understand that upon conviction for DWI, I must provide my Human Resources Administrator with a copy of the criminal complaint and statement of probable cause, any plea and disposition agreement entered in the case, the judgment and sentence, and the order of probation, along with signing the partial waiver form allowing my court to gain access to the treatment recommendation of the probation department or community compliance program

TO BE COMPLETED BY JUDICIAL BRANCH EMPLOYEE	
EMPLOYEE SIGNATURE:	DATE SIGNED/COMPLETED:
JUDICIAL ENTITY/COURT:	

cc: Employee Personnel File

NEW MEXICO JUDICIAL BRANCH



ACKNOWLEDGEMENT FORM  
Financial Fraud Reporting and Prevention

My signature below acknowledges:

My attendance at the Fraud Reporting and Prevention Training on:

\_\_\_\_\_.

Receipt of the New Mexico Judiciary Financial Fraud Policy effective June 3, 2014, and the Supreme Court Order #14-8500 approving the policy, effective June 3, 2014.

Certifies that I understand my responsibilities as a New Mexico Judicial Branch employee of not condoning or engaging in fraudulent activities or behavior, how to report fraud, and the consequences of committing fraud or making false allegations.

That should I have any questions or concerns regarding the training or policy I will contact the AOC Fiscal Services Division at [aocfiscal-grp@nmcourts.gov](mailto:aocfiscal-grp@nmcourts.gov).

\_\_\_\_\_  
Court (Please Print)

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature Date

Original: Employee Personnel File  
Copy: Employee

**NEW MEXICO JUDICIAL BRANCH**



**ACKNOWLEDGEMENT FORM**

**Drug and Alcohol Testing Policy And Drug-Free and Alcohol-Free Workplace Policy**

Questions please call AOC HRD at 505/827-4810 Dev.: 01/24/07; Rvd.02/13/12, 09/25/21

I, \_\_\_\_\_, acknowledge that I have received, read and  
(Print Name)

understand the Drug-Free and Alcohol-Free Work Place Policy and the Drug/Alcohol Testing Policy, and I understand that I am responsible for adhering to these policies. I understand that being impaired *to any degree* by alcohol or a controlled substance while on duty for the New Mexico Judicial Branch will subject me to disciplinary action up to and including termination. I realize that the manufacture, distribution, dispensation, use or possession of a controlled substance or alcohol is prohibited on Judicial Branch property or when participating in any Judicial Branch training(s) or other associated activities or in any location where I am on duty performing work for the New Mexico Judicial Branch. Any violation of this policy shall subject me to disciplinary action up to and including termination.

\_\_\_\_\_  
Judicial Entity / Court (Please Print)

\_\_\_\_\_  
Employee Signature & Date

Original: Employee Personnel File  
Copy: Employee



**NEW MEXICO JUDICIAL BRANCH  
ACKNOWLEDGEMENT FORM**

**WORKERS' COMPENSATION POLICY**

**Policy No.2016.NMJB.200**

I, \_\_\_\_\_, an employee of the New Mexico Judicial Branch  
(print name)

(NMJB) Administrative Office of the Courts hereby certifies that I have received and read the NMJB AOC Workers' Compensation Policy approved June 27, 2016. I understand it is my responsibility to abide by the Policy.

I accept responsibility for contacting the AOC Human Resources Division, at (505) 470-7205, with any questions or concerns regarding the Workers' Compensation Policy or any policy or NMJB Rule.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Court / Division

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Original: Employee Personnel File  
Copy: Employee

NEW MEXICO JUDICIAL BRANCH



GENERAL PERSONNEL POLICY AND PROCEDURE

Ref: NMJBPR Part 1, Section 1.03; Part 2, Section 15.03

Inquiries: AOC HR (505) 827-4937 or 827-4810  
Dev: 09/27/11

**Driving with Electronics Policy**

I, \_\_\_\_\_, acknowledge that I have received, read and  
*(Print Name)*  
understand the Driving with Electronics Policy , and I understand that I am responsible to adhere to this policy. I understand that while operating any motor vehicle while on-duty, if I must use a cellular communication device, I must use that device in a “hands-free” mode and I will not send text messages, e-mails or access the internet for either personal or professional use. I will comply with all traffic laws, practice defensive driving and strive to operate any motor (either personal or court owned) vehicle safely.

I understand any violation of this policy shall subject me to disciplinary action up to and including termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Employee Personnel File

NEW MEXICO JUDICIAL BRANCH



ACKNOWLEDGEMENT FORM

Loss Prevention and Control & FEMA Training  
Active Shooter Video and “How to respond” Manual  
Active Shooter Training

*Undergraduate & Graduate School Intern Only*

My signature below acknowledges my attendance at the New Employee Orientation - Active Shooter Training session presented by the Administrative Office of the Courts, Human Resources Division held on \_\_\_\_\_.  
(Date)

Topics covered included:

- Active Shooter Training

My signature certifies that I understand my responsibilities as a New Mexico Judicial Branch employee to abide by the policies and training requirements, and that I’m responsible for raising with my supervisor and/or Human Resources any questions I may have regarding the training material.

\_\_\_\_\_  
Court (Please Print)

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature Date

Original: Employee Personnel File  
Copy: Employee



## NEW MEXICO JUDICIAL BRANCH ACKNOWLEDGEMENT FORM

### COMPUTER AND INTERNET USE POLICY NO. 2017.NMJB.95

Finalized April 4, 2017

I, \_\_\_\_\_, an employee of the New Mexico Judicial Branch (NMJB) hereby  
(print name)

certify that I have received the revised Computer and Internet Use Policy No.2017.NMJB.95. I understand it is my responsibility to read and abide by the revised Computer and Internet Use Policy, all NMJB Personnel Rules, Policies, as well as any internal policies of my Judicial Entity. These materials are general in nature and do not address all the possible applications of, or exceptions to the Policies and Procedures.

I received a copy of the Computer & Internet Use Policy & Supreme Court Order on:\_\_\_\_\_.

**EMPLOYEES: I realize that violation of this policy can subject me to disciplinary action, up to and including dismissal.**

**JUDGES: I understand that violation of this policy can subject me to the superintending control of the New Mexico Supreme Court and the disciplinary jurisdiction of the New Mexico Judicial Standards Commission and the New Mexico Supreme Court.**

I understand it is my responsibility to inform management and JID of any violation of the NMJB Computer and Internet Use Policy, including the receipt of any prohibited and inappropriate content sent to me at my nmcourts.gov email address.

I understand it is my responsibility to inform JID, my Judicial Entity's IT security office and Human Resources should I receive an email that might be in violation of Section 5.F.8 of the computer and Internet Use Policy; and that Human Resources must be notified prior to an inappropriate item being deleted.

I understand it is my responsibility to inform senders to not send inappropriate items to my work email, and/or unsubscribe from any site that may be deemed inappropriate.

I accept responsibility for contacting the AOC Human Resources Division, at (505) 470-7205, with any questions or concerns regarding the training, NMJB Rules, or Policies.

\_\_\_\_\_  
Employee or Judge Name (Please Print)

\_\_\_\_\_  
Judicial Entity / Court / Division

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return to your Judicial Entity's HR Professional

Original: Employee Personnel File

Copy: Employee

**NEW MEXICO JUDICIAL BRANCH**



**ACKNOWLEDGEMENT FORM**

**Harassment, Including Sexual Harassment,  
Discrimination & Retaliation Prevention Policy**

Reference NMJBPR Part 1, Section 1.05 & NMJBPR Part 2, Section 15.05 Questions please call AOC HRD at 505/470-7205  
Rvd. 9/16/14, 11/26/18, 9/30/21, 3/17/22, 02/02/24, 02/19/26

I, \_\_\_\_\_, an employee of the New Mexico Judicial Branch, hereby certify  
(print name)

receipt of the NMJB Harassment, Including Sexual Harassment, Discrimination, and Retaliation Policy, revised effective February 19, 2026, and the Supreme Court Order #S-1-AO-2026-00005 approving the policy, effective February 19, 2026. I understand it is my responsibility to read and abide by the Policy and Supreme Court Order, as well as any internal policies of my Judicial Entity.

I realize that harassment, sexual harassment, discrimination, and retaliation are prohibited by the New Mexico Judicial Branch and the Supreme Court of New Mexico, and all employees have the right to work in an environment free from unwelcome behavior or comments of a harassing, discriminatory, or sexual nature either by coworkers, supervisors, or non-employees who conduct business with the Judicial Branch.

Similarly, those the Judicial Branch serves have a right to receive services free from any harassing, discriminatory, or sexual comments or behavior. Harassment based upon an individual's sex, race, color, ethnicity, national origin, age, ancestry, religion, sexual orientation, gender identity, disability or any other legally protected characteristics will not be tolerated.

No person will be adversely affected in employment or retaliated against as a result of bringing complaints of unlawful harassment. Behaviors such as intimidating, coercing, threatening, discriminating against or taking reprisal against an employee for complaining about harassment or discrimination, or for assisting with an investigation of a complaint is prohibited.

I realize that violation of this policy can subject me to disciplinary action, up to and including dismissal. I also realize it is my responsibility to inform management and human resources of all instances of sexual harassment and discrimination in order for prompt remedial action to be taken. I agree that I will take a proactive stance against instances of sexual harassment and discrimination.

\_\_\_\_\_  
Judicial Entity / Court (Please Print)

\_\_\_\_\_  
Employee Signature & Date

Original: Employee Personnel File  
Copy: Employee



**NEW MEXICO JUDICIAL BRANCH  
ACKNOWLEDGEMENT FORM**

**Administrative Office of the Courts  
Vehicle & Mileage Reimbursement Policy**

**Policy No.2024.AOC.208**

I, \_\_\_\_\_, an employee of the Administrative Office of the Courts  
(print name)

(AOC) hereby certifies that I have received and read the NMJB AOC Vehicle & Mileage Reimbursement Policy approved April 11, 2024. I understand it is my responsibility to abide by the Policy.

I accept responsibility for contacting the Administrative Office of the Court’s Fiscal Services Division at [aocfiscal-grp@nmcourts.gov](mailto:aocfiscal-grp@nmcourts.gov) with any questions or concerns regarding the Vehicle & Mileage Reimbursement Policy.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Division

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Original: Employee Personnel File

Copy: Employee



NEW MEXICO JUDICIAL BRANCH  
ADMINISTRATIVE OFFICE OF THE COURTS  
ACKNOWLEDGEMENT FORM

FAIR LABOR STANDARDS ACT (FLSA)  
& OVERTIME COMPENSATION

7/15/2016

IMPORTANT INFORMATION ~ READ CAREFULLY

Please read the following statements and sign below to indicate your receipt and acknowledgement of the Administrative Office of the Courts communication regarding the Fair Labor Standards Act and your role and responsibility both as an employee responsible for accurately entering all actual hours worked into the SHARE time reporting system, and as a supervisor or manager responsible for ensuring your employees are paid accurately for hours worked.

\*\*\*\*\*

The Federal Fair Labor Standards Act (FLSA) identifies compensable hours, defines overtime and overtime compensation, which apply to the NMJB and the Administrative Office of the Courts.

Overtime or any extra hours worked must be approved by your Division Director and the AOC Director prior to being worked.

**Non-Exempt Employees:** Non-exempt employees are covered by the minimum wage and overtime provisions of the FLSA and are **entitled** to overtime compensation at one and one-half times their regular rate of pay for hours worked beyond 40 in a work week.

**Compensatory Time Off in Lieu of Cash:** Compensation occurs in the form of compensatory time (comp time) unless Division Director and AOC Director approval is received for the compensatory time to be paid out.

**Time Worked for Overtime Purposes** includes regular hours, training and workshop hours, travel time required by management, and voting time. (Other types of leave may offset the one and one-half to straight time). See the NMJBPR Glossary of Terms for more information. **Breaks and Meal Period:** Non-exempt employees approved to work a flexible schedule are required to schedule at least a 1/2 hour each day for lunch.

**Exempt Employees:** Exempt employees are not covered by the FLSA's regulations pertaining to overtime and **may, with prior approval** receive compensatory time at straight time for hours worked beyond 80 in a pay period. Compensation is typically compensatory time (see the NMJBPR).

**Breaks:** It is important to remember that breaks are not mandatory. Employees may be permitted one 15 minute mid-morning break and one 15 minute mid-afternoon break. Breaks cannot be accumulated, cannot cover for later arrival to work, extended lunch hours, or early departure from work. The time spent on authorized breaks must be counted as hours worked.

**Meal Periods:** Even though the FLSA does not require employers to provide meal periods, it does stipulate that if one does exist, at least 30 minutes or more constitute a bona fide meal period. Meal periods are not counted as worktime. Normally, employees remove themselves from the work location



**NEW MEXICO JUDICIAL BRANCH  
ADMINISTRATIVE OFFICE OF THE COURTS  
ACKNOWLEDGEMENT FORM**

**FAIR LABOR STANDARDS ACT (FLSA)  
& OVERTIME COMPENSATION**

7/15/2016

and are therefore not performing any duties. However, when an employee remains at the work location and while eating performs any job-related duties, other than incidental ones (such as answering a question), the time must be counted as hours worked. Supervisors may adjust an employee's work schedule to prevent an overtime situation when an employee works during a meal period.

**Suffered or Permitted Work Hours:** Work not requested and approved in advance, but suffered or permitted is still considered hours worked. This may occur when an employee begins to work prior to the beginning of the day, during lunch hours, or continues to work at the end of the day without approval. **When the supervisor has knowledge of or has reason to believe that the employee is working additional hours that have not been requested and approved, the hours must still be counted as hours worked.**

I, \_\_\_\_\_, hereby certify that I have read and reviewed the above  
(print name)

communication regarding the Fair Labor Standards Act and understand my responsibility as an employee to ensure I enter actual hours worked into the SHARE time reporting system. I understand that all extra hours worked require prior authorization. I understand that non-exempt employees accrue compensatory time in lieu of payment of overtime in accordance with the provisions of the Fair Labor Standards Act. If you are an FLSA non-exempt employee, your signature indicates your understanding that working unapproved extra hours resulting in overtime may result in disciplinary action.

I understand as a supervisor or manager (should I be one or become one), that I am responsible for ensuring that my employees enter their time into the SHARE time reporting system accurately. I understand that all hours worked by my non-exempt employees must be entered and compensated even if they were not approved in advance. [The non-approval is a separate issue that I may bring to the AOC HR Division to address.]

I understand it is my responsibility to inform my Division Director and the AOC HR Division Director of any violations of the Fair Labor Standards Act and this Directive. **I realize that violation of the Fair Labor Standards Act and this directive can subject me to disciplinary action, up to and including dismissal.**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Division/Court

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

CC: Employee Personnel File

# Administrative Office of the Courts

Supreme Court of New Mexico



{Administrative Authority}  
{HR}

{Street Address}  
{City, State, and Zip Code}  
{Phone Number}  
{Fax Number}

**DATE:**

**TO:**

**FROM:** {HR or Administrative Authority}

**CC:** Employee Personnel File, AOC HRD Position File

**RE: Fair Labor Standards Act Determination**

The Fair Labor Standards Act (FLSA) is a federal statute that was enacted by the United States Congress to ensure that fair and minimal standards are met in the workplace. The Act mandated, among other things, that employees in certain jobs be compensated at one and one-half times their hourly rate of pay for each hour worked in excess of 40 hours in a work week. According to the FLSA, four categories of work are "exempt" and not entitled to overtime pay. To ensure that all employees of the New Mexico Judicial Branch who are entitled to overtime compensation receive it, each job classification and position has been reviewed and a determination has been made identifying the positions that should be considered "exempt" and "non-exempt" by these federal protections.

**Exempt Employees** – Exempt employees are not covered by the FLSA's regulations pertaining to overtime and may, with prior approval, receive compensatory time at straight time for hours worked beyond 80 hours in a pay period.

**At-Will Exempt Employees** – At-will exempt employees are required to record all actual hours worked each pay period. Any extra hours worked must be entered on your time sheet as extra hours worked for tracking purposes only. At-will employees are only allowed to flex extra hours worked within the same pay period as they worked, and are not permitted to accrue compensatory time to be utilized in the future.

**Non-Exempt Employees** – Non-exempt employees are covered by the FLSA's regulations and are entitled to overtime compensation at one and one-half times their regular rate of pay for hours worked beyond 40 in a work week. There are New Mexico Judicial Branch Personnel Rules, policies and practices that are important to be aware of with regards to your new FLSA determination, including but not limited to the following:

- **Compensation for overtime will be in the form of compensatory time** (comp time) unless your Administrative Authority or designee approve for the compensatory time to be paid out.
- Extra hours worked require prior authorization and approval. Time worked for the purposes of overtime including regular hours, training and workshop hours, travel time required by management, and voting time. Other types of leave may offset the time and one-half to straight time.
- **Previously approved flexible work schedules or alternative work schedules must be reapproved** to ensure they do not result in any unplanned and unbudgeted overtime.
- **Previously approved extra hours worked must be reapproved due to the budgetary impact.**

- Non-exempt employees approved to work a flexible schedule are typically required to schedule at least a 30 minute lunch break each day.
- Meal periods are not counted as work time. Normally, employees remove themselves from the work location and are therefore not performing any duties. However, when an employee remains at the work location and while eating performs any job related duties, other than incidental ones (such as answering a question); the time must be counted as hours worked.
- Supervisors may adjust an employee's work schedule to prevent an overtime situation.
- Work not requested and approved in advance, but suffered or permitted is still considered hours worked. This may occur when an employee begins to work prior to the beginning of the day, during lunch hours, or continues to work at the end of the day without approval.
- It is an employee's responsibility to ensure all actual hours worked are reported into the time reporting system accurately and all extra hours have been approved in advance of working them.

If you have any questions on the Rules or policies please talk to your manager or HR Professional.

**Job Classification Determination**

*[to be completed by HR]*

**Due to the FLSA compensation test and your hourly rate of \$XX.XX your position as a full-time**

**<<XX>> (position #XXXXXXXX) is determined to be  non-exempt  exempt from the FLSA.**

**PLEASE SIGN ONE OF THE RESPONSES BELOW**

I **agree** with the NMJB's determination of the FLSA category and exemption status for my position. If I am an FLSA non-exempt employee, I **agree** to the provisions of time off as compensation for overtime work, and consent to the use of compensatory time in accordance with the NMJB Rules and Policies. I hereby agree to accept compensatory time-off in lieu of cash payment for overtime worked. I understand that I may request cash payment for overtime worked; however due to budget constrains it may or may not be available.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **disagree** with the NMJB's determination of the FLSA category and exemption status for my position. I believe my position should be categorized as  **non-exempt**  **exempt from the FLSA.**  
**Attached justifications is required.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any) _____						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Document Title 2 (if any)</b>	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Document Title 3 (if any)</b>					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS  
Form I-9  
Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

# PERSONAL DATA UPDATE FORM

(2.B)

Please return to Human Resources

NEW FORM: \_\_\_\_\_ CHANGE: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Employee Information

Name: \_\_\_\_\_ EMPL ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail Address (work/personal): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you currently or have you ever worked for the State of New Mexico? \_\_\_\_\_

\*If yes, please provide approx. dates. \_\_\_\_\_

## Voluntary Information

### Gender:

Male  Female

Retired State Employee

### Marital Status:

Single  Married - Date of Marriage \_\_\_\_\_  Divorced - Date of Divorce \_\_\_\_\_  
 Common Law  Head of Household  Separated  
 Widowed

### Ethnicity (Check one):

Asian  Black/African American  Caucasian/White  
 Hispanic/Latino  Native American/American Indian  Native Hawaiian or Other Pacific Islander  
 Decline to Identify/Not Specified  Other \_\_\_\_\_

### Military Status (Check if appropriate):

Active Reserve  Inactive Reserve  No Military Service  
 Retired Military  Vietnam Era Veteran  Other Protected Veteran  
 Special Disabled Vietnam Veteran  Special Disabled Veteran  Other \_\_\_\_\_

### Highest Education Level: (Check one below)

Less than a High School Graduate  High School Graduate/GED or Equivalent  Some College  
 Technical School/Trade Certificate  2 Year College/Associate's Degree  Bachelor's Level Degree  
 Some Graduate School  Master's Level Degree  Doctorate (Academic)  
 Doctorate (Professional)  Post Doctorate  Other \_\_\_\_\_

Total Years of Education \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell/Other ( ) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2026

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

### Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a) \$		
(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$		
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .		<b>3</b>	\$

### Step 4: Other Adjustments

(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$
(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	4(b) \$
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c) \$

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . .

### Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

### Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

**Step 2(b) – Multiple Jobs Worksheet** (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

Step 4(b) – Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . **1a** \$ \_\_\_\_\_

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . **1b** \$ \_\_\_\_\_

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . **1c** \$ \_\_\_\_\_

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** \$ \_\_\_\_\_

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year . . . . . **3a** \$ \_\_\_\_\_

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** \$ \_\_\_\_\_

4 Add lines 3a and 3b. Enter the result here . . . . . **4** \$ \_\_\_\_\_

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** \$ \_\_\_\_\_

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . **6a** \$ \_\_\_\_\_

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . **6b** \$ \_\_\_\_\_

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** \$ \_\_\_\_\_

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . **6d** \$ \_\_\_\_\_

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** \$ \_\_\_\_\_

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** \$ \_\_\_\_\_

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . **8a** \$ \_\_\_\_\_

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . **8b** \$ \_\_\_\_\_

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse } . . . . . **9** \$ \_\_\_\_\_  
 { • \$640,600 if you’re single or head of household }  
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** \$ \_\_\_\_\_

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse } . . . . . **11** \$ \_\_\_\_\_  
 { • \$24,150 if you’re head of household }  
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . **12** \$ \_\_\_\_\_

13 Add lines 11 and 12. Enter the result here . . . . . **13** \$ \_\_\_\_\_

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** \$ \_\_\_\_\_

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** \$ \_\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

### Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

### Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

### Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



# State of New Mexico – Department of Finance and Administration DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT OR DECLINATION

## EMPLOYEE INFORMATION

EMPLOYEE NAME: \_\_\_\_\_

PEOPLESOFT ID#: \_\_\_\_\_

### DISBURSEMENT CHOICE – CHECK AND SIGN ONLY ONE OPTION

DIRECT DEPOSIT ENROLLMENT OR CHANGE AUTHORIZATION AND AGREEMENT

Type of action (select one):  New Enrollment  Account Change

Financial institution and account information:

Financial Institution Name and Address	Type <i>Checking = C Savings = S</i>	Routing Number <i>(from your financial institution)</i>	Account Number <i>(employees may have only one direct deposit account)</i>

*Proof of ownership:* For the single account that you own, in whole or in part, and to which you want 100% of your net salary and wages directly deposited, please attach one of the following forms of documentation. For a checking or savings account, you may attach the first page of the most recent bank statement for the account showing your name on the account and the account number, with all financial information (e.g., balances and transactions) redacted. Alternatively, for a checking account, you may attach a voided, preprinted check listing you as an account owner.

*Authorization and agreement:*

I authorize the State of New Mexico (State) to directly deposit my net salary and wages to the account designated above and my financial institution to accept such deposits and credit them to this account. I understand and agree that:

- 100% of my net salary and wages will be electronically transferred to my financial institution and credited to the account designated above on paydays designated by the State;
- this direct deposit authorization and agreement supersedes and replaces any prior direct deposit authorizations and agreements, which I hereby revoke, and will continue in effect until I designate another account or I or the State cancel my enrollment in direct deposit;
- if the State is notified that the account designated above has been closed, I will receive payroll warrants until I designate a new direct deposit account;
- the State may, without liability to me, cancel my enrollment in direct deposit at any time, either temporarily for one or more pay periods or permanently, in which event I shall receive payroll warrants for the effected pay periods;
- in the event that my financial institution does not accept the direct deposit of my net salary and wages for any reason, the State has no obligation to process a supplemental salary and wage payment until my financial institution returns the non-accepted payment to the State; and
- I can cancel my enrollment in direct deposit or change my direct deposit account at any time. I understand and agree that it may take some time for the cancellation or change to take effect, during which time my net salary and wages will continue to be directly deposited in the account designated above.

In the event that more money is deposited into my account than is due me, I authorize the State to deduct from the account designated above all amounts deposited to the account in error and authorize my financial institution to allow such deductions and return the erroneously paid amounts to the State.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYROLL WARRANT** Notwithstanding that direct deposit is quicker (i.e., enrolling in direct deposit would mean my net pay would be in my account on payday), safer (i.e., payroll warrants can be lost or stolen), and convenient (i.e., by enrolling in direct deposit, I would not have to cash or deposit a payroll warrant or worry about being out of the office on a payday), I decline to participate in the State of New Mexico direct deposit program and hereby revoke any prior direct deposit authorizations and agreements. I understand that payroll warrants will be delivered to my employer on paydays and that I must retrieve the warrant from my employer and cash or deposit the warrant to have access to my pay.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Michelle Lujan Grisham, Governor  
Kari Armijo, Secretary  
Alex Castillo Smith, Deputy  
Secretary Kathy Slater Huff,  
Deputy Secretary Kyra Ochoa,  
Deputy Secretary  
Dana Flannery, Medicaid Director

## State of New Mexico Health Care Authority

### **AFFIDAVIT OF DOMESTIC PARTNERSHIP**

As required by Executive Order 2003-010, this affidavit must be used to apply for

domestic partner benefits and must be filed with the state employee's human resources office.

#### **A. DECLARATION OF DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, declare that I am in a domestic partnership with  
(Print State Employee's Name)

\_\_\_\_\_. Further, we declare that:  
(Print Domestic Partner's Name)

1. We are in an exclusive and committed relationship for the benefit of each other, and our relationship is the same as, or similar to, a marriage relationship in the State of New Mexico.
2. We share and have shared together for 12 or more consecutive months a common, primary residence.
3. We are jointly responsible for each other's common welfare and we share financial obligations.
4. Neither of us is married or a member of another domestic partnership; nor have either of us been so during the past 12 months.
5. We are both at least 18 years of age.
6. We are both legally competent to sign this Affidavit of Domestic Partnership.
7. We are not related by blood to a degree of closeness that would prevent us from being married to each other in the State of New Mexico.

#### **B. BENEFITS FOR THE ELIGIBLE DEPENDENTS CHILDREN OF THE DOMESTIC PARTNER**

Domestic partner benefits are also available to the domestic partner's children, provided, however, that the child is primarily dependent upon the employee or domestic partner for support and is an eligible dependent child because:

1. Either of the domestic partners is the biological parent of the child;
2. Either or both partners are adoptive parents of the child; or
3. The child has been placed in the Domestic Partners' household as part of an adoptive placement, legal guardianship, or by court order (excludes foster children).

We declare that the following named individual(s) is/are eligible dependent child(ren):

\_\_\_\_\_  
(For each Eligible Dependent Child, list the child's name and describe the relationship to the Domestic Partner)

#### **C. EXCLUSIONS**

Except for the eligible individuals named in Section B above, the following persons are not covered by Domestic Partner benefits and are not considered eligible dependents: parents, foster children, mere roommates, and other relatives who are related to the state employee to such a degree of closeness that marriage would be prohibited in the State of New Mexico.

#### **D. ACKNOWLEDGMENTS**

1. By signing this Affidavit of Domestic Partnership, we agree to notify the human resources office at the state employee's job in writing within 31 days (a) of any change in our status as domestic partners when any of the items in the Declaration

of Domestic Partnership (paragraph, A above) no longer apply, (b) because we wish to terminate our domestic partnership (termination notice must be done using the Health Care Authority form "Affidavit of Termination of Domestic Partnership"), or (c) in the event a dependent ceases to meet the eligibility requirements for benefit coverage.

2. We understand that the value of insurance benefits provided to the domestic partner is considered by the federal Internal Revenue Service as taxable income to the employee, that the value thereof is subject to social security and federal income tax withholding, and that current state tax laws require state income tax withholding as well.
3. We understand that the State of New Mexico will pay its portion of the premium on the domestic partner's and dependent benefits, if any, in the same proportion as is paid for similar benefit premium portions paid for spouses and dependents of married persons covered by the state employee's benefits program, and that the state employee is required to pay their portion of the premium on the domestic partner's and dependent benefits, if any, in the same proportion as is required for similar benefit premium portions that married state employees pay for spouses and dependents.
4. We acknowledge that we are hereby advised to seek competent legal advice about present and future financial obligations we may be undertaking before we sign this Affidavit of Domestic Partnership.
5. We understand that at any time we may be requested in writing by the Health Care Authority to provide reasonable written proof that we are jointly responsible for the common welfare of each other, that we share financial obligations, and/or to show that the named dependents, if any, are eligible for benefits coverage, and that if we fail to provide such requested proof, then the domestic partner or dependent benefits can be denied or terminated.
6. WE UNDERSTAND THAT ANY MISREPRESENTATION OF FACT MADE IN THIS AFFIDAVIT OF DOMESTIC PARTNERSHIP MAY RESULT IN LOSS OF BENEFITS AND/OR DISCIPLINARY ACTION, AND THAT AS A RESULT OF SUCH MISREPRESENTATION THE STATE EMPLOYEE MAY BE REQUIRED TO REIMBURSE THE STATE OF NEW MEXICO FOR ANY COST FOR PROVIDING BENEFIT COVERAGE OR FOR PROVIDING THE ACTUAL BENEFITS, SUCH COSTS INCLUDING, AMONG OTHER THINGS, ATTORNEY'S FEES.

**E. NOTARIZATION**

**We affirm, under penalty of perjury, that the assertions in this Affidavit of Domestic Partnership are true and correct.** (*Both partners must sign this legal document in the presence of a Notary Public.*)

\_\_\_\_\_  
Signature of State Employee (Print State Employee's Name)

\_\_\_\_\_  
Signature of Domestic Partner (Print Domestic Partner's Name)

\_\_\_\_\_  
Common Residence Address City State Zip Code

\_\_\_\_\_  
Mailing Address City State Zip Code

STATE OF NEW MEXICO )  
 )  
 s  
 s  
 .

COUNTY OF \_\_\_\_\_ )  
(County Name)

SUBSCRIBED AND SWORN to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by

\_\_\_\_\_, an employee of the State of New Mexico, and  
(Print State Employee's Name)

\_\_\_\_\_, the State Employee's Domestic Partner.  
(Print Domestic Partner's Name)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Para asistencia en español con este formulario, por favor llame a Erisa al 1-855-618-1800