

Dennis Milligan
Auditor of State



230 State Capitol
Little Rock, AR 72201

State of Arkansas

Attached you will find all forms necessary for payroll processing and commencement of benefits. Most forms are required, while others relate to products available for voluntary enrollment. Below you will find a summary of forms included in this packet and whether they are required to be completed, or if they are regarding optional voluntary enrollment benefits.

Arkansas Diamond Deferred Compensation Plan is an auto-enrollment of a pre-tax deduction of 3% if the declination form is not received back.

Should you have any questions, please call John Mann (payroll) at (501) 292-8017 or Josh Myers (benefits) at (501)371-2116. Forms may be faxed to (501) 371-2143.

Alternatively, forms may be dropped off or MAILED (if time allows) to:

Auditor of State
Attn: Human Resources/Payroll
1401 W. Capitol Ave., Ste. 325
Little Rock, AR 72201

Page 3	Arkansas Diamond Compensation Plan opt out form	Required to opt out
Section 1	Employee Payroll Information Sheet & Tax Withholdings	Required
	Direct Deposit Authorization	Required
	I-9 Employee Eligibility Verification	Required
	Copies of personal acceptable documents for I-9	Required
	Power of Attorney - if designating someone to request payroll/benefits information on your behalf	Optional
Brochure	Voluntary Product (Benefits) Information (separate attachment)	Optional

A handwritten signature in cursive script that reads "Dennis Milligan".

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Happy Retirement!

Here's the Plan to help you get there one day.

You're just starting your career with the State of Arkansas; so why are we already talking about your retirement? Because one of the most important benefits you receive as a new employee is the opportunity to save for your future through the AR Diamond Plan.

A brilliant move for your future.

The Plan offers you an easy, automatic way to save for retirement. You control how much you save and how to invest your savings, and your money always belongs to you. While your APERS pension and Social Security can give you a good start for income during your retirement years, it may not be enough to fund the lifestyle you want. The AR Diamond Plan is here to help generate the extra income you'll need to fill in any gaps in your savings.

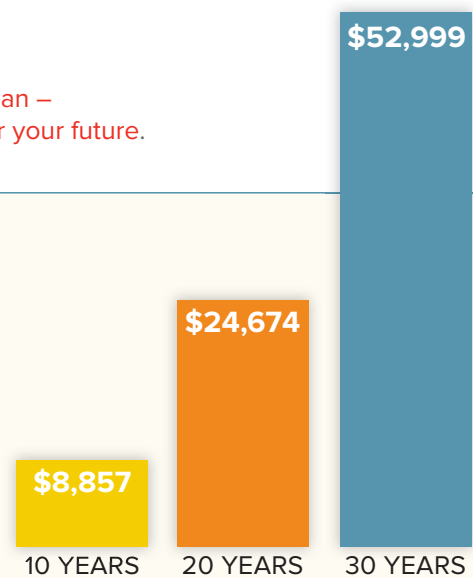
When you save in the Plan, you can save on taxes too.

This tax-saving feature is what makes the AR Diamond Plan different from other savings accounts. You can save on a pre-tax basis, which means every dollar you save in the Plan reduces your current taxable income by a dollar. As a result, you pay less in income tax today. And your AR Diamond Plan account grows tax-free.

GET TO KNOW THE FINER FACETS! Learn how the 4 Cs of the AR Diamond Plan – Choice, Compounding, Consolidation and Control – can help you better plan for your future.

How do you get started?

Here's the best part – you don't need to do a thing! You're automatically enrolled in the AR Diamond Plan at a 3% deferral rate, and you can increase or decrease that amount at any time. And when you start saving with your first paycheck, just look at how much you could potentially accumulate by the time you retire!



Assumes 6 percent hypothetical rate of return and pre-tax contributions made at the end of each biweekly pay period. This illustration is hypothetical, is not guaranteed, and is not intended to reflect the performance of any specific investment. These figures do not reflect taxes or any fees or charges that may be assessed by the Investments. Systematic retirement plan contributions do not ensure a profit nor guarantee against loss. Consider your ability to consistently invest during up as well as down markets. Consider your personal investment horizon as well as your current and anticipated income bracket when making an investment decision, as these may further impact the results of this illustration. Bear in mind that the changes in tax rates and tax treatment of investment earnings may impact the comparative results.

This material is intended to provide accurate and reliable information on the subjects covered. It is general in nature and the strategies suggested may not be suitable for everyone. It is not intended to provide specific tax, legal or other professional advice. You should seek advice from your tax and legal advisors regarding your individual situation.

Plan administrative services provided by Voya Institutional Plan Services, LLC. A member of the Voya® family of companies. **Representatives are Registered Representatives of Voya Financial Advisors, LLC.** The Arkansas Diamond Deferred Compensation Plans are not members of the Voya family of companies. 172114 3038342.G.P-2 CN1207-20174-0118

501-301-9900 | 866-271-3327 | MYPLAN.VOYA.COM



Arkansas Diamond Deferred Compensation Plan Auto Enrollment Opt Out Form

As a new employee, you will be automatically enrolled into the Arkansas Diamond Deferred Compensation Plan, with a 3% automatic deduction. If you do not wish to participate, you have 90 days from your first deduction to opt out.

Complete this form to opt out of the Arkansas Diamond Deferred Compensation Plan. You must return this form to your payroll department on your first day of employment. If you choose to not complete the form on your first day of employment, you may opt out of the plan by logging into the Arkansas Diamond Deferred Compensation Plan website at <https://myplan.voyaplans.com> or by calling 1.800.905.1833

EMPLOYEE OPT OUT ACKNOWLEDGEMENT AND SIGNATURE

I understand by checking the below box I have indicated my election to not participate in the Arkansas Diamond Deferred Compensation Plan at this time. I understand that I may choose to begin a deferral percentage in the future by logging into the AR Diamond Deferred Compensation Plan website at <https://myplan.voyaplans.com> or by calling 1.800.905.1833

I decline participation in the AR Diamond Deferred Compensation 457 Plan.

I have read the Auto Enrollment Guide provided to me. I hereby confirm my election to not participate in the Arkansas Diamond Deferred Compensation Plan and understand that I can re-enroll in the Plan at any time.

Please Print Your Name

Social Security Number

Signature

Date

HIR/Payroll: Please note this form is to be used only on day one (1) of employment. If the employee chooses to not complete the form on their first day of employment, then decides to opt out of the plan and/or request a refund, the employee must opt out and/or request a refund by logging into the Plan website at <https://myplan.voyaplans.com> or by calling 1.800.905.1833

Questions? Call the Arkansas Diamond Local Office: 501.301.9900 or toll free at 1.866.271.3327



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230 State Capitol
Little Rock, AR 72201

State of Arkansas

SECTION 1



Arkansas Auditor of State Employee Payroll Information Sheet

Send to:
Arkansas Auditor of State
Attn: Payroll Division
1401 W. Capitol, Ste. 325
Little Rock, AR 72201

Employee Name (Last, First Middle Initial)

Hire Date

Transfer from Agency

Previous Agency Contact (Email or Phone Number)

Personal Data

Gender

Ethnic Origin

Marital Status

Date of Birth

Social Security Number

Address

Personal Phone Number

City

State

Zip

Email address

Prosecutor Name (if applicable)

District (if applicable)

Phone (if applicable)

Agency Use Only

Agency

Fund Center

Cost Center

Commitment Code

Job Title

Class

Pay Grade

Position Number

Phone: 501-682-6000 Fax: 501-371-2143
info@auditor.ar.gov

STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

How to Claim Your Withholding

See instructions below

Employee:

File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.

Employer:

Keep this certificate with your records.

1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED

a. You claim yourself. *(Enter one exemption)* 1a

b. You claim yourself and your spouse. *(Enter two exemptions)* 1b

c. Head of Household, and you claim yourself. *(Enter two exemptions)* 1c

2. NUMBER OF CHILDREN or DEPENDENTS. *(Enter one exemption per dependent)* 2

3. TOTAL EXEMPTIONS. *(Add Lines 1a, b, c, and 2)*
If no exemptions or dependents are claimed, enter zero..... 3

4. Additional amount, if any, you want deducted from each paycheck. *(Enter dollar amount)* 4

5. I qualify for the low-income tax rates. *(See below for details)* 5

Please check filing status: Single Married Filing Jointly Head of Household

Number of Exemptions
Claimed

Yes No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low-income tax rates if your **total** income from all sources is:

- (a) Single \$12,675 to \$15,200
- (b) Married Filing Jointly \$21,375 to \$25,200
(1 or less dependents)
- (c) Married Filing Jointly \$25,726 to \$31,300
(2 or more dependents)
- (d) Head of Household/Qualifying Widow(er) \$18,021 to \$22,000
(1 or less dependents)
- (e) Head of Household/Qualifying Widow(er) \$21,482 to \$25,100
(2 or more dependents)

For additional information consult your employer or write to:

Arkansas Withholding Tax Section
P. O. Box 8055
Little Rock, Arkansas 72203-8055

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.

2025

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 www.ssa.gov .
	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.)		

TIP: Consider using the estimator at 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.

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 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

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.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). 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 17, 2026.

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 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 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 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 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 (optional).

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 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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.

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.

- 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 4. 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
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 4 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
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 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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 (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Dennis Milligan
Auditor of State



230 State Capitol
Little Rock, AR 72201

State of Arkansas

Arkansas Auditor of State Employee Direct Deposit Authorization

Please complete the entire form and sign at the bottom.

Check One:

- Add New Enrollment
 Change of Present Financial Institution and/or Account
 Inactivate-Terminate Authorization
 Delete-Account Pending Approval, Direct Deposit State=P

Date: _____ **Agency Code:** 059 **Agency Title:** Auditor of State

Employee Name: _____

Social Security Number: _____

Financial Institution Name: _____

City: _____ **State:** _____ **Zip:** _____

Bank Routing Number: _____

Account Number: _____

Account Type (select one) **Checking Account** **Savings Account**

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated above the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the Financial Institution indicated above to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account necessary to correct the incorrect credit entries. This authority is to remain in full effect until ADDS has received written notification from me of its termination. I understand that by having my payment deposited in this manner, a direct deposit notification is available and that there will be no charge for this service.

Employee Signature

Date

Attach Voided Check or Photostat

I certify that I have verified the bank information provided above with the bank information on the attached check or deposit slip

Agency Official

Date

Phone Number

Dennis Milligan
Auditor of State



230 State Capitol
Little Rock, AR 72201

State of Arkansas

I-9 form instructions:

Please complete and sign page 1 of this form. The Preparer/translator certification does not need to be completed by the employee. Page 2 can be completed by the employee's supervisor, but will in most cases be completed by payroll. To complete the certification, someone must review the documents provided by the employee so **we will need clear photocopies of these documents.**

Lists of acceptable documentation are on page 3. Most people use a Driver's License for a list B document and a Social Security card for a list C document, however a passport is sufficient for a list A document, and if a list A document is provided other documents are not needed. Even if you faxed everything to us, please mail the original copies of these documents to:

AR State Auditor

Attn: Payroll

1401 West Capitol Ave. Suite 325

Little Rock, AR 72201

Sincerely,

A handwritten signature in black ink, appearing to read "Josh Myers".

Josh Myers

Human Resources



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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>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.</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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , 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.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: 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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 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"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</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"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	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 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

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 05/31/2027

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

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>)
----------------	--------------------------	--

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>)
---	--	------------------------------------

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.
--	---



State of Arkansas

Auditor of State

Power of Attorney

DATE OF REVOCATION

1. Employee Information (please print or type)

Employee Name and Address:	Social Security Number:
	Telephone Number:

I, _____, hereby appoint(s) the following
[print or type full name]
representative(s) as attorney(s)-in-fact, for the purposes set forth herein.

2. Representative(s) (please print or type)

Representative(s) name and address:	Telephone Number:
Representative(s) name and address:	Telephone Number:

3. Acts Authorized

The above-named representative(s) are authorized, subject to revocation by the employee, to receive and inspect confidential payroll and benefits information and to perform any acts that the undersigned employee can perform with respect to payroll and benefits; including but not limited to the authority to make changes, sign any agreements, consents, waivers, or other documents. The undersigned employee hereby indemnifies and holds harmless the Auditor of State for any acts or omissions undertaken by his or her designated representative(s) with respect to this authorization.

4. Signature

_____	_____
Signature	Date

Printed Name	

INSTRUCTIONS

PURPOSE: The purpose of this form is to authorize an individual to represent you in payroll and benefit matters before the Arkansas Auditor of State.

AUTHORITY GRANTED: This power of attorney form authorizes the representative to perform any acts you can perform regarding your payroll and benefits.

REVOCAION: To revoke a Power of Attorney form, deliver this form with the date of Revocation in the box in the upper right-hand column of the form to the same office it was originally sent. If you do not have a copy of the form, mail or a letter stating that you want to revoke the Power of Attorney. The letter must list the names of the representatives and it must be signed and dated by the employee.

STATE OF ARKANSAS

BI WEEKLY SCHEDULE OF PAY PERIODS/FISCAL YEARS 2025 - 2026

FISCAL YEAR	QTR	MONTH	PAY PERIOD	PAY PERIOD BEGIN DATE	PAY PERIOD END DATE	PAY DATE	PROCESS DATE	EXIT PAYROLL DATE	POSTING DATE	TE OPEN DATE	TE CLOSE DATE
2025	3	07	202414	06/23/24	07/06/24	07/12/24	07/08/24	07/09/24	07/09/24	06/23/24	07/08/24
2025	3	07	202415	07/07/24	07/20/24	07/26/24	07/22/24	07/23/24	07/23/24	07/07/24	07/22/24
2025	3	08	202416	07/21/24	08/03/24	08/09/24	08/05/24	08/06/24	08/06/24	07/21/24	08/05/24
2025	3	08	202417	08/04/24	08/17/24	08/23/24	08/19/24	08/20/24	08/20/24	08/04/24	08/19/24
2025	3	09	202418	08/18/24	08/31/24	09/06/24	09/03/24	09/03/24	09/03/24	08/18/24	09/02/24
2025	3	09	202419	09/01/24	09/14/24	09/20/24	09/16/24	09/17/24	09/17/24	09/01/24	09/16/24
2025	4	10	202420	09/15/24	09/28/24	10/04/24	09/30/24	10/01/24	10/01/24	09/15/24	09/30/24
2025	4	10	202421	09/29/24	10/12/24	10/18/24	10/14/24	10/15/24	10/15/24	09/29/24	10/14/24
2025	4	11	202422	10/13/24	10/26/24	11/01/24	10/28/24	10/29/24	10/29/24	10/13/24	10/28/24
2025	4	11	202423	10/27/24	11/09/24	11/15/24	11/12/24	11/12/24	11/12/24	10/27/24	11/11/24
2025	4	11	202424	11/10/24	11/23/24	11/29/24	11/25/24	11/26/24	11/26/24	11/10/24	11/25/24
2025	4	12	202425	11/24/24	12/07/24	12/13/24	12/09/24	12/10/24	12/10/24	11/24/24	12/09/24
2025	4	12	202426	12/08/24	12/21/24	12/27/24	12/23/24	12/23/24	12/23/24	12/08/24	12/23/24
2025	1	01	202501	12/22/24	01/04/25	01/10/25	01/06/25	01/07/25	01/07/25	12/22/24	01/06/25
2025	1	01	202502	01/05/25	01/18/25	01/24/25	01/21/25	01/21/25	01/21/25	01/05/25	01/20/25
2025	1	02	202503	01/19/25	02/01/25	02/07/25	02/03/25	02/04/25	02/04/25	01/19/25	02/03/25
2025	1	02	202504	02/02/25	02/15/25	02/21/25	02/18/25	02/18/25	02/18/25	02/02/25	02/17/25
2025	1	03	202505	02/16/25	03/01/25	03/07/25	03/03/25	03/04/25	03/04/25	02/16/25	03/03/25
2025	1	03	202506	03/02/25	03/15/25	03/21/25	03/17/25	03/18/25	03/18/25	03/02/25	03/17/25
2025	2	04	202507	03/16/25	03/29/25	04/04/25	03/31/25	04/01/25	04/01/25	03/16/25	03/31/25
2025	2	04	202508	03/30/25	04/12/25	04/18/25	04/14/25	04/15/25	04/15/25	03/30/25	04/14/25
2025	2	05	202509	04/13/25	04/26/25	05/02/25	04/28/25	04/29/25	04/29/25	04/13/25	04/28/25
2025	2	05	202510	04/27/25	05/10/25	05/16/25	05/12/25	05/13/25	05/13/25	04/27/25	05/12/25
2025	2	05	202511	05/11/25	05/24/25	05/30/25	05/27/25	05/27/25	05/27/25	05/11/25	05/26/25
2025	2	06	202512	05/25/25	06/07/25	06/13/25	06/09/25	06/10/25	06/10/25	05/25/25	06/09/25
2025	2	06	202513	06/08/25	06/21/25	06/27/25	06/23/25	06/24/25	06/24/25	06/08/25	06/23/25

STATE OF ARKANSAS

BI WEEKLY SCHEDULE OF PAY PERIODS/FISCAL YEARS 2025 - 2026

FISCAL YEAR	QTR	MONTH	PAY PERIOD	PAY PERIOD BEGIN DATE	PAY PERIOD END DATE	PAY DATE	PROCESS DATE	EXIT PAYROLL DATE	POSTING DATE	TE OPEN DATE	TE CLOSE DATE
2026	3	07	202514	06/22/25	07/05/25	07/11/25	07/07/25	07/08/25	07/08/25	06/22/25	07/07/25
2026	3	07	202515	07/06/25	07/19/25	07/25/25	07/21/25	07/22/25	07/22/25	07/06/25	07/21/25
2026	3	08	202516	07/20/25	08/02/25	08/08/25	08/04/25	08/05/25	08/05/25	07/20/25	08/04/25
2026	3	08	202517	08/03/25	08/16/25	08/22/25	08/18/25	08/19/25	08/19/25	08/03/25	08/18/25
2026	3	09	202518	08/17/25	08/30/25	09/05/25	09/02/25	09/02/25	09/02/25	08/17/25	09/01/25
2026	3	09	202519	08/31/25	09/13/25	09/19/25	09/15/25	09/16/25	09/16/25	08/31/25	09/15/25
2026	4	10	202520	09/14/25	09/27/25	10/03/25	09/29/25	09/30/25	09/30/25	09/14/25	09/29/25
2026	4	10	202521	09/28/25	10/11/25	10/17/25	10/13/25	10/14/25	10/14/25	09/28/25	10/13/25
2026	4	10	202522	10/12/25	10/25/25	10/31/25	10/27/25	10/28/25	10/28/25	10/12/25	10/27/25
2026	4	11	202523	10/26/25	11/08/25	11/14/25	11/10/25	11/10/25	11/10/25	10/26/25	11/10/25
2026	4	11	202524	11/09/25	11/22/25	11/28/25	11/24/25	11/25/25	11/25/25	11/09/25	11/24/25
2026	4	12	202525	11/23/25	12/06/25	12/12/25	12/08/25	12/09/25	12/09/25	11/23/25	12/08/25
2026	4	12	202526	12/07/25	12/20/25	12/26/25	12/22/25	12/23/25	12/23/25	12/07/25	12/22/25
2026	1	01	202601	12/21/25	01/03/26	01/09/26	01/05/26	01/06/26	01/06/26	12/21/25	01/05/26
2026	1	01	202602	01/04/26	01/17/26	01/23/26	01/20/26	01/20/26	01/20/26	01/04/26	01/19/26
2026	1	02	202603	01/18/26	01/31/26	02/06/26	02/02/26	02/03/26	02/03/26	01/18/26	02/02/26
2026	1	02	202604	02/01/26	02/14/26	02/20/26	02/17/26	02/17/26	02/17/26	02/01/26	02/16/26
2026	1	03	202605	02/15/26	02/28/26	03/06/26	03/02/26	03/03/26	03/03/26	02/15/26	03/02/26
2026	1	03	202606	03/01/26	03/14/26	03/20/26	03/16/26	03/17/26	03/17/26	03/01/26	03/16/26
2026	2	04	202607	03/15/26	03/28/26	04/03/26	03/30/26	03/31/26	03/31/26	03/15/26	03/30/26
2026	2	04	202608	03/29/26	04/11/26	04/17/26	04/13/26	04/14/26	04/14/26	03/29/26	04/13/26
2026	2	05	202609	04/12/26	04/25/26	05/01/26	04/27/26	04/28/26	04/28/26	04/12/26	04/27/26
2026	2	05	202610	04/26/26	05/09/26	05/15/26	05/11/26	05/12/26	05/12/26	04/26/26	05/11/26
2026	2	05	202611	05/10/26	05/23/26	05/29/26	05/26/26	05/26/26	05/26/26	05/10/26	05/25/26
2026	2	06	202612	05/24/26	06/06/26	06/12/26	06/08/26	06/09/26	06/09/26	05/24/26	06/08/26
2026	2	06	202613	06/07/26	06/20/26	06/26/26	06/22/26	06/23/26	06/23/26	06/07/26	06/22/26