

www.E-Verify.gov

Form I-9 and E-Verify Updates for CUPA-HR







Disclaimer

This presentation is intended for employers and their authorized representatives. This presentation provides basic guidance about the rules and responsibilities during the employment eligibility verification process. This guidance may change. For up-to-date information, visit the <u>uscis.gov/i-9-central</u> website.

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Agenda

🚽 Background

- 🚽 Form I-9 Reminders
- 🚽 Form I-9 News
- 🚽 Form I-9 Overview
- Form I-9 and E-Verify
- Resources





Background



Federal laws require that every employer in the U.S. must verify your employee's identity and employment authorization by completing Form I-9, Employment Eligibility Verification:

- Immigration Reform and Control Act (IRCA)
- Immigrant and Nationality Act (INA)
- Immigration Act of 1990
- Illegal Immigration Reform and Immigrant <u>Responsibility Act (IIRIRA) of 1996</u>



Form I-9 Reminders

Employers:

- Ensure employees complete Section 1 by the first day of work for pay
- Jo not use Form I-9 or E-Verify to prescreen employees
- Retain Form I-9 for all current employees (hired after November 6, 1986)
- Use Form I-9 revision date October 21, 2019,* for new hires and reverifications (Continue using this version after its expiration date of October 31, 2022, until further notice)
- It is always the employee's choice which documents they would like to provide (from the list of acceptable documents) by the third business day after first day of work for pay.
- Complete Form I -9, Section 2 by third business day after first day of work for pay

*Find current Form I-9 version at Form I-9, Employment Eligibility Verification. Visit I-9 Central What's New.



Upcoming News





Continue to Use Current Form 1-9

- Employers should continue using the Form I-9, Employment Eligibility Verification, after its expiration date of October 31, 2022, until further notice
- DHS will publish a Federal Register notice to announce the new version of the Form I-9 once it becomes available
- For the latest updates, visit I-9 Central





COVID-19 Temporary Policy: Form I-9 Physical Document Review Flexibility

The Department of Homeland Security (DHS) and U.S. Immigration and Customs Enforcement (ICE) announced flexibility in complying with physical document inspection requirements related to Form I-9, due to COVID-19. These provisions will expire July 31. 2023.

- Applies only to employers and workplaces that are operating remotely
- Remotely inspect Section 2 documents
- Electronically obtain and retain Section 2 documents
- Enter "Remote Inspection completed on MM/DD/YYYY" in the Section 2 Additional Information field
- Physical document review and certification required within 3 business days of resuming normal business operations or by August 30, 2023

**** RELEVANT LINKS ****

Temporary Policy for Document Review Flexibility

DHS ends Form I-9 Document Review Flexibility



Form I-9 Physical Document Review Flexibility: When to Conduct Physical Inspection

- In the presence of the employee, employers must physically inspect all documents previously inspected remotely:
 - Within 3 business days of resuming normal operations

OR

- By August 30, 2023
- Write "COVID -19 Documents physically examined on MM/DD/YYYY" as well as the initials of the person who performed the physical inspection in the Section 2 Additional Information field
- May designate an authorized representative to complete physical document inspection

Employee Info from Section 1	Last Name (Family Name)	First Name (1	Given Name) N			
List A Identity and Employment Au	OR	List B Identity	AND			
Document Title	Document	litle	Documer			
Issuing Authority	Tissuing Aut	hority	Issuing A			
Document Number	Document	Document Number				
Expiration Date (if any) (mm/dd/y	yyy) Expiration (Expiration Date (if any) (mm/dd/yyyy)				
Document Title			_			
Issuing Authority	Additiona	Information				
Document Number	Ren	Remote inspection completed 05/01/2021				
Expiration Date (# any) (mm/dd/y	nn) COM					
Document Title	C(2)	10.10 0000	ment			
Issuing Authority	phy	ically exam	rined			
Document Number	08/0	2/2023 (in	itials)			
Expiration Date (if any) (mm/dd/y	000					

** RELEVANT LINK **

Form I-9 Completion Examples



Temporary Rule to Increase Automatic Extension Period for Employment for Eligible Renewal Applicants

To avoid gaps in employment for noncitizens with pending EAD renewal applications and stabilize the continuity of operations for U.S. employers, on May 4, 2022, the Department of Homeland Security published a <u>Temporary Final Rule</u> that increases the automatic extension period for employment authorization and Employment Authorization Documents (EAD, Form I-766) available to certain <u>EAD renewal applicants</u>, to up to 540 days.

- An additional up to 360-day extension if their EAD is still covered under the 180-day automatic extension, for a total of up to 540 days past the "Card Expires" date of the current EAD; or
- An additional period and resumption of employment authorization and/or EAD validity if their 180 -day extension has lapsed, for up to 540 days past the "Card Expires" date of the current EAD.

** RELEVANT LINKS **

USCIS News Release Regarding EAD Extension Periods

Section 4.4 (EAD extensions) of the M-274

EAD Automatic Extension Calculator



Completing Form I-9

Form I-9

Е U.:			USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022				
 START HERE: Read instructions carefully luring completion of this form. Employers at NNT-DISCRIMINATION NOTICE: It is illegal to employee may present to establish employment locumentation presented has a future expiration 	before completing re liable for errors discriminate agains authorization and is n date may also con	this form in the con at work-aut dentity. Th stitute ille	The instruct npletion of the horized indivi- e refusal to high gal discrimina	tions must be an his form. iduals. Employen ire or continue to tion.	cANNC employ a	either in p OT specify v an individua	aper or electronically, which document(s) an al because the
Section 1. Employee Information	and Attestat	tion (Em	ployees mu	ist complete an	d sign S	Section 1	of Form I-9 no later
nan the first day of employment, but no Last Name (Family Name)	First Name (Giver	n Name)	er.)	Middle Initial	Other	Last Name	s Used (if any)
Address (Street Number and Name)	Apt. Nur	nber C	ity or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Se	curity Number	Employee	's E-mail Add	ress	1	Employee's	Telephone Number
connection with the completion of this intest, under penalty of perjury, that I 1. A citizen of the United States 2. A noncitizen national of the United State 3. A lawful permanent resident (Alien Re 4. An alien authorized to work until (expli Some aliens may write "NA" in the expl Aliens authorized to work must provide only on the able of the authorized in the add SPC/R burget in the interval and	form. am (check one of s (See instructions) gistration Number/I ration date, if applic ration date field. (Se ne of the following of COP, Erem 104 Adv	JSCIS Nu able, mm/ se instruct	mber): dd/yyyy): ions) numbers to c	es):		Dol	JR Code - Section 1 lot Write in This Space
Alien Registration Number/USCIS Number OR Sore	1						
Signature of Employee				Today's Dat	e (mm/d	d/yyyy)	
Preparer and/or Translator Certi] I did not use a preparer or translator. Fields below must be completed and sign attest, under penalty of perjury, that I inowledge the information is true and of Signature of Preparer or Translator	fication (chec] A preparer(s) and ned when prepare have assisted in correct.	k one) for transla ins and/or the com	: tor(s) assisted translators pletion of t	i the employee in assist an empl Section 1 of th	completi oyee in is form Today's	ing Section completin and that Date (mm	1. g Section 1.) to the best of my (dd/yyyy)
.ast Name (Family Name)			First Nam	e (Given Name)			

Lists of Acceptable Documents

	LIS AI Emp or a combination	TS (I do bloye of or	OF ACCEPTABLE DOCUMENT cuments must be UNEXPIRED es may present one selection from Lis ne selection from List B and one select	t A tion	from List C.
Doc	LIST A		LIST B		LIST C
Empl	Both Identity and oyment Authorization	DR	Identity	D	Employment Authorization
1. U.S. Pass	port or U.S. Passport Card	1.	Driver's license or ID card issued by a	1.	A Social Security Account Number
2. Permanen Registratio	nt Resident Card or Alien on Receipt Card (Form I-551)		State or outlying possession of the United States provided it contains a photograph or information such as		card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT
 Foreign pa temporary 	assport that contains a / I-551 stamp or temporary	name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION	
I-551 print readable i	ted notation on a machine- mmigrant visa	 ID card issued by federal, state or local government agencies or entities, 		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
 Employme that contai I-766) 	ent Authorization Document ins a photograph (Form		information such as name, date of birth, gender, height, eye color, and address	2.	Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5. For a noni	immigrant alien authorized	3.	School ID card with a photograph	3.	Original or certified copy of birth
to work for	to work for a specific employer	4.	Voter's registration card		certificate issued by a State,
a Eoreign	of his or her status;	5.	U.S. Military card or draft record		territory of the United States
b. Form I-9	94 or Form I-94A that has	6.	Military dependent's ID card	_	bearing an official seal
the follo	wing:	7.	U.S. Coast Guard Merchant Mariner	4.	Native American tribal document
(1) The	same name as the passport;		Card	5.	U.S. Citizen ID Card (Form I-197)
(2) An e	endorsement of the alien's	8.	Native American tribal document	6.	Identification Card for Use of
noni that	mmigrant status as long as period of endorsement has	9.	Driver's license issued by a Canadian government authority		Resident Citizen in the United States (Form I-179)
prop conf limit	yet expired and the sosed employment is not in flict with any restrictions or lations identified on the form.	'	For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
6. Passport f	from the Federated States	10	. School record or report card		
of the Mar	shall Islands (RMI) with	11	I. Clinic, doctor, or hospital record		
Form I-94 nonimmig Compact of the United	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		12. Day-care or nursery school record		



Section 1: Employee Information and Attestation

- EMPLOYEE completes no
 later than first day of work
 for pay
- Social Security Number is required for E-Verify
- Email address is optional for employee
 - If provided, it MUST be entered in E-Verify
- Attestation
- Preparer or Translator

Section 1. Employee Information than the first day of employment, but n	on and Attestation ot before accepting a jo	(Employees mus ob offer.)	st complete and sig	n Section 1 of	f Form I-9 no later		
Last Name (Family Name) 🕖	First Name (Given Nar	ne) 🕜	Middle Initial 🕐 Otl	al 🕐 Other Last Names Used (if a			
Address (Street Number and Name) 💿	Apt. Number	2 City or Town 3		State 👔	ZIP Code 🕑		
Date of Birth (mm/dd/yyyy) 🕘 U.S. Social S	ecurity Number () Empl	oyee's E-mail Addr	ess 🕐	Employee's	Telephone Number 🕑		
I am aware that federal law provides for connection with the completion of this	or imprisonment and/ s form.	or fines for false	statements or us	e of false doo	cuments in		
I attest, under penalty of perjury, that	l am (check one of the	e following boxe	s):				
1. A citizen of the United States ③							
2. A noncitizen national of the United Sta	tes (See instructions) 🕐						
3. A lawful permanent resident (2) (Alien F	egistration Number/USCI	S Number): 🕖		_			
4. An alien authorized to work ³ until (exp	piration date, if applicable,	mm/dd/yyyy): 🕐					
Some aliens may write "N/A" in the exp	piration date field. (See in	structions)					
Aliens authorized to work must provide only An Alien Registration Number/USCIS Numb	one of the following docu er OR Form I-94 Admissio	ment numbers to co on Number OR Fore	mplete Form I-9: ign Passport Numbei	r. Dol	QR Code - Section 1 Not Write In This Space		
1. Alien Registration Number/USCIS Numb OR	er: 🕐			-			
2. Form I-94 Admission Number: 7			-				
3. Foreign Passport Number 🕙			_				
Country of Issuance: ③			_				
Signature of Employee (?)			Today's Date (mr	n/dd/vvvv) 🗊			
			roady o Dato (ini				
Preparer and/or Translator Cer	tification (check o	ne): 🕐					
I did not use a preparer or translator.	A preparer(s) and/or tra	anslator(s) assisted	the employee in comp	pleting Section 1			
(Fields below must be completed and sig	ned when preparers a	nd/or translators a	assist an employee	in completing	Section 1.)		
knowledge the information is true and	correct.	completion of S	ection 1 of this to	rm and that t	o the best of my		
Signature of Preparer or Translator 🕑			Toda	ay's Date (<i>mm/d</i>	ld/yyyy) 🕐		
Last Name (Family Name) 🕑		First Name	(Given Name) 🕑				
Address (Street Number and Name) 🕑		City or Town 🕐		State 🕐	ZIP Code 🕑		
Click to Finish							



Section 2: Employer Certification of Document Review

- EMPLOYER completes Section
 2 no later than **3 business days** after the employee
 begins work for pay
- The person that examines the original, unexpired documents in the presence of the employee MUST fill out, sign and date Section 2
- 🛷 Date fields
 - Today's date
 - First day of employment

Section 2. Employer or Authorized (Employers or their authorized representative must must physically examine one document from List A of Acceptable Documents.")	Representative t complete and sign Sect NOR a combination of or	Review and Ve tion 2 within 3 busines the document from List	rification is days of the B and one do	employe cument	e's first day of employment. You from List C as listed on the "Lists			
Employee Info from Section 1 Last Name (Fa	amily Name) 🕑	First Name (Given George	Name) 🕑	M.I. 🕑 A	Citizenship/Immigration Status			
List A OI Identity and Employment Authorization	R Li Ide	st B entity	AND		List C Employment Authorization			
Document Title () U.S. Passport Issuing Authority() U.S. Department of State Document Number() Expiration Date (if any)(mm/dd/yyyy)() Document Title() N/A Issuing Authority() N/A Expiration Date (if any)(mm/dd/yyyy)()	Document Title () N/A Issuing Authority() N/A Document Number () N/A Expiration Date (if any N/A Additional Information)(mm/dd/yyyy)③ iion ④	Docun N/A Issuiny N/A Docun N/A Expira N/A	nent Title g Authori nent Nun tion Date	e (if any)(mm/dd/yyyy) (2) OR Code - Sections 2 & 3 Do Not Write in This Space			
N/A Document Title N/A Issuing Authority(3) N/A Document Number(3) N/A Expiration Date (if any)(mm/dd/yyyy)(3)								
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)								
Signature of Employer or Authorized Representative ③ Today's Date(mm/dd/yyyy) ③ Title of Employer or Authorized Representative ③								
Last Name of Employer or Authorized Representative 🕑 First Name of Employer or Authorized Representative 🕐 Employer's Business or Organization Name 🕘								
Employer's Business or Organization Address (Street Number and Name) 🕘 City or Town 🔮 State 🕘 ZIP Code 🔮 🔽								
Click to Finish Section 2 completion in progress.								



Section 3: Reverification and Rehires

Section 3 is completed by the EMPLOYER:

- Required when employee's employment authorization or documentation of employment authorization has expired
- May be completed when rehiring employees within three years of hire date
- May be completed to document a legal name change
- Enter the employee's full name, document title, number and expiration date; sign and date

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)									
A. New Name (if applicable) B. Date of Rehire (if applicable)									
Last Name (Family Name)	First Name (Given Name)			Middle Initial	Date (mm/dd/yyyy)				
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.									
Document Title	Document Title			ber		Expiration Date (if any) (mm/dd/yyyy)			
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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.									
Signature of Employer or Authorized Repre	sentative To	oday's Da	te (<i>mm/dd/yyyy</i>)	Name of E	mployer or A	Authorized Representative			



Section 3: Reverification and Rehires Continued

ПАСПОРТ	x
YKP Upor S Siscer D D Offi H ENTR	n endorsement, serves es perury 1-551 evidencing perur veidency for one year.
Valid Une	VISA
	VIUSATABCGBRS502056F04122361FLND00AK580300

REVERIFY	 An Employment Authorization Document (Form I-766) Form I-94 with temporary I-551 stamp Unexpired foreign passport with temporary I-551 stamp <i>Expired</i> Permanent Resident Card presented with Form I-797
DO NOT REVERIFY	 U.S. citizens and noncitizen nationals U.S. passports or passport cards Permanent Residents who present an unexpired Permanent Resident or Alien Registration Receipt card (Form I-551) List B documents



Retention

You must have a Form I-9 on file for ALL current employees.

Chart below indicates minimum retention timeframes for employees who have left the company.

Calculate how much longer you must keep an employee's Form I-9 once they stop working for you:

If they worked for less than two years, retain their form for three years after the date of hire

OR

If they worked for more than two years, retain their form for one more year after the date they stop working for you EMPLOYEE: DATE OF HIRE: EMPLOYMENT ENDED: TENURE: RETENTION: John Smith November 1, 2021 May 5, 2023 Less than 2 years 3 years from **DATE OF HIRE**

RETAIN UNTIL: NOVEMBER 1, 2024

EMPLOYEE: DATE OF HIRE: EMPLOYMENT ENDED: TENURE: RETENTION:

BETSY ROSS November 1, 2002 May 5, 2023 More than 2 years 1 year from **END DATE**

RETAIN UNTIL: MAY 5, 2024



Storage

How to store Form I-9:

- Store Form I-9s securely in a way that meets your business needs
 - On-site or at an off-site facility
 - Microfilm or Microfiche
 - Electronically
- Ensure that only authorized personnel have access to stored Forms F9
- Store copies of documents with the Form I-9 or with the employee's records
- Forms I-9 must be available within 3 days of an official request for inspection

** RELEVANT LINK **

Form I-9 Retention and Storage



Form I-9 & E-Verify Work Together





E-Verify Case Processing Biographic

Ver	ify Employee	Enter Form I-9 Information		
0	Enter Form I-9 Information Review Case	Employee Information and A	Attestation First Name Tunes	Middle Initial
0	Case Results	Family name or surname Other Last Names Used Smith O Platt O Heart If multiple last names, type each one and hit 'Enter' to submit a Date of Birth 01/31/1958	Given name and 'Backspace' to remove	
		U.S. Social Security Number 556-88-7741		



E-Verify Case Processing Biographic

Ver	ify Employee	Enter Form I-9 Information		
0	Enter Form I-9 Information Review Case	Employee Information and A	Attestation First Name Tunes	Middle Initial
0	Case Results	Family name or surname Other Last Names Used Smith O Platt O Heart If multiple last names, type each one and hit 'Enter' to submit a Date of Birth 01/31/1958	Given name and 'Backspace' to remove	
		U.S. Social Security Number 556-88-7741		



Employment Verification

To comply with the employment eligibility verification provisions <u>ALL</u> employers must:

- For employees hired after November 6, 1986:
 - Verify the **identity** documents
 - Verify the **employment authorization** documents
 - Complete and retain a Form I-9
- Employers MUST refrain from discriminating against individuals on the basis of actual or perceived national origin, citizenship or immigration status



Preventing Discrimination

The anti-discrimination provisions of the INA prohibit four types of <u>unlawful conduct</u>:

- Citizenship or immigration status discrimination*
- National origin discrimination*
- Unfair documentary practices during Form I-9 process
- Retaliation

* Actual or perceived discrimination



Form I-9 Requirements

- As of May 1, 2020, you can only use Form I-9, Employment Eligibility Verification, with the 10/21/2019 revision date for all new hires and reverifications. (Continue using this version after its expiration date of October 31, 2022, until further notice)
- Employers are not required to have Forms IP for employees hired on or before November 6, 1986
- You may delegate the authority to complete Form I-9 to an authorized representative, however, you will retain liability for any errors

Visit <u>I-9 Central Related News</u> for updates.



Completing Form I-9

Form I-9

Y	Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services								USCIS Form 1-9 OMB No. 1615-0047 Expires 10/31/2022		
START HERE: Read instruct luring completion of this form NTI-DISCRIMINATION NOTIC mployee may present to establi- kocumentation presented has a	ions caref a. Employe E: It is illeg ish employ future expi	fully b ars an gal to ment iration	efore co liable f discrimin authoriz date ma	ompletin or error late agai ation and ly also c	ng this for s in the c inst work- d identity. onstitute i	rm. The instruc completion of the authorized indivi- The refusal to h llegal discrimina	tions must be an his form. iduals. Employen ire or continue to tion.	vailable, e s CANNO employ ar	ither in p f specify v n individua	aper or electronically, which document(s) an al because the	
Section 1. Employee I	nforma	tion	and /	Attest	ation (Employees mu	ist complete an	nd sign Se	ection 1 d	of Form I-9 no later	
.ast Name (Family Name)			First Na	ime (Giv	en Name)	Middle Initial	Other L	ast Name	s Used (if any)	
Address (Street Number and Na	ame)			Apt. N	umber	City or Town		-	State	ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Socia	al Sec	urity Nur	nber	Employ	ee's E-mail Add	ress	E	mployee's	Telephone Number	
attest, under penalty of p 1. A citizen of the United St. 2. A noncitizen national of ti 3. A lawful permanent resid 4. An alien authorized to work musi An Alien Registration Number/1 1. Alien Registration Number/ 2. Form I-94 Admission Number 0 3. Foreign Passport Number:	eerjury, th ates he United 1 ent (Alie ork until (N/A* in the t provide o USCIS Nu USCIS Nu USCIS Nu	nat I a States en Reg (expira expira mber mber:	am (che i (See in gistration ation dat ation dat e of the OR For	struction Numbe e, if apple field. (followin n I-94 A	of the final states of the	Number): m/dd/yyyy): uctions) int numbers to c Number OR For	es): omplete Form I-t eign Passport N	e: umber.	G Do M	SR Code - Section 1 lot Write in This Space	
ignature of Employee							Today's Dal	te (mm/dd	(1999)		
Preparer and/or Trans] I did not use a preparer or tri Fields below must be compi attest, under penalty of pe inowledge the information Signature of Preparer or Transla Last Name (Family Name)	anslator C anslator. leted and erjury, th is true a ator	ertif signi at I h and c	A prepa ed when ave as orrect.	n (che arer(s) a n prepa sisted	ack on Indior trans In the co	e): slator(s) assister for translators ompletion of t	i the employee in assist an empl Section 1 of th e (Given Name)	ocompletin loyee in c lis form a Today's D	g Section ompletin and that Date (mm/	1. g Section 1.) to the best of my (dd/yyyy)	
Address (Street Number and N	ame)				0	ity or Town			State	ZIP Code	

Lists of Acceptable Documents

	LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.										
	LIST A Documents that Establish Both Identity and		LIST B Documents that Establish Identity		LIST C Documents that Establish Employment Authorization						
	Employment Authorization	OR	AM	D							
1. 2. 3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a	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 	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH						
	temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa	1	 ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or 		INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION						
4.	Employment Authorization Document that contains a photograph (Form I-766)		information such as name, date of birth, gender, height, eye color, and address	2.	Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)						
5.	For a nonimmigrant alien authorized	3	 School ID card with a photograph 	3.	Original or certified copy of birth						
	to work for a specific employer	4	 Voter's registration card 		certificate issued by a State,						
	a. Foreign passport: and	ŧ	U.S. Military card or draft record		territory of the United States						
	b. Form I-94 or Form I-94A that has	6	 Military dependent's ID card 		bearing an official seal						
	the following:	7	U.S. Coast Guard Merchant Mariner	4.	Native American tribal document						
	 The same name as the passport; and 		Card	5.	U.S. Citizen ID Card (Form I-197)						
	(2) An endorsement of the alien's	8	 Native American tribal document 	6.	Identification Card for Use of						
	nonimmigrant status as long as that period of endorsement has	ş	 Driver's license issued by a Canadian government authority 		Resident Citizen in the United States (Form I-179)						
	proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security						
6.	Passport from the Federated States	1	0. School record or report card								
	of the Marshall Islands (RMI) with	1	1. Clinic, doctor, or hospital record								
	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		2. Day-care or nursery school record								



June 28, 2023

Section 1: Employee Information and Attestation

- EMPLOYEE completes no
 later than first day of work
 for pay
- Social Security Number is required for E-Verify
- Email address is optional for employee
 - If provided, it MUST be entered in E-Verify
- Attestation

E Verify

Preparer or Translator

	First Name (Giv	en Name) 🕐	N	/liddle Initial 🕖 🛛	ther Last	Names Used <i>(if any) 🕐</i>
Address (Street Number and Name) 💿	Apt. N	umber 🕐 City or	Town 🕑		Sta	te 👔 ZIP Code 🕄
Date of Birth <i>(mm/dd/yyyy)</i> 🕐 U.S. Socia	al Security Number 🕐	Employee's E-r	ail Addres	is 🕜	Emplo	yee's Telephone Number
am aware that federal law provide connection with the completion of t	s for imprisonment this form.	and/or fines f	or false s	tatements or u	se of fals	se documents in
attest, under penalty of perjury, th	at I am (check one	of the followir	g boxes)	:		
1. A citizen of the United States 🕖						
2. A noncitizen national of the United	States (See instruction	s) 🕑				
3. A lawful permanent resident (2) (Alie	en Registration Number	USCIS Number	: 🕐			
4. An alien authorized to work vintil (Some aliens may write "N/A" in the	(expiration date, if appli expiration date field. (3	icable, mm/dd/yy See instructions)	/y): 🕐 🔤			
Aliens authorized to work must provide o An Alien Registration Number/USCIS Nu	nly one of the following Imber OR Form I-94 Ac	document numb Imission Number	ers to com OR Foreig	plete Form I-9: In Passport Numb	er.	QR Code - Section 1 Do Not Write In This Space
1. Alien Registration Number/USCIS Nu OR	mber: 🕖				_	
2. Form I-94 Admission Number: 🕑 OR						
3. Foreign Passport Number:						
Country of Issuance 🕧						
country of issuance. =						8
Signature of Employee (?)				Today's Date (r	nm/aa/yyy	1) 🕐
Signature of Employee ()	ertification (che	ck one): 🕐		Today's Date (r	nm/aa/yyyy	1 🕐
Signature of Employee ③ Preparer and/or Translator C I did not use a preparer or translator.	ertification (che	ck one): (2)	assisted th	Today's Date (r	nm/da/yyyy) (2)
Signature of Employee ③ Preparer and/or Translator C] 1 did not use a preparer or translator. Fields below must be completed and	ertification (che A preparer(s) ar signed when prepar	ck one): (?) Id/or translator(s) rers and/or tran	assisted th slators as	Today's Date (r e employee in con sist an employee	nm/da/yyyy npleting Se e in comp	() (2) ection 1.
Soundy of Issuance. – Preparer and/or Translator C] I did not use a preparer or translator. Fields below must be completed and attest, under penalty of perjury, th nowledge the information is true a	ertification (che A preparer(s) an signed when prepar at I have assisted i and correct.	ck one): ()) Id/or translator(s) rers and/or trans n the complet	assisted th slators as on of Se	e employee in con sist an employe ction 1 of this 1	npleting Se e in comp orm and	ction 1.
Signature of Employee (2) Preparer and/or Translator C] 1 did not use a preparer or translator. Fields below must be completed and attest, under penalty of perjury, th nowledge the information is true a Signature of Preparer or Translator (2)	ertification (che A preparer(s) ar <i>i signed when prepa</i> at I have assisted i and correct.	eck one): ()) Ind/or translator(s) irers and/or trans n the complet	assisted th slators as on of Se	e employee in consist an employee ction 1 of this 1	npleting Se e in comp form and day's Date	(mm/dd/yyyy) 🕑
Signature of Employee (2) Preparer and/or Translator C] 1 did not use a preparer or translator. Fields below must be completed and attest, under penalty of perjury, th nowledge the information is true a Signature of Preparer or Translator (2) .ast Name (Family Name) (2)	ertification (che A preparer(s) ar signed when prepar at I have assisted i and correct.	ck one): d/or translator(s) ers and/or tran n the complet	assisted th slators as on of Sec rst Name (Today's Date (r e employee in cor sist an employe ction 1 of this i To Given Name) (2)	npleting Se e in comp form and day's Date	() () interior 1.) that to the best of my (mm/dd/yyyy) ()
Signature of Employee (?) Preparer and/or Translator C I did not use a preparer or translator. Fields below must be completed and attest, under penalty of perjury, th nowledge the information is true a Signature of Preparer or Translator (?) .ast Name (Family Name) (?) Vddress (Street Number and Name) (?)	ertification (che A preparer(s) ar signed when prepar at I have assisted i and correct.	ck one): d/or translator(s) rers and/or tran n the complet Fi City or Te	assisted th slators as on of Sec rst Name (wwn (2)	Today's Date (r e employee in cor sist an employe ction 1 of this 1 To Given Name) (?	mpleting Se e in comp orm and day's Date	tetion 1. Setting Section 1.) that to the best of my (mm/dd/yyyy) (2) the (2) ZIP Code (2)

Section 2: Employer Certification of Document Review

- EMPLOYER completes Section
 2 no later than **3 business days** after the employee
 begins work for pay
- The person that examines the original, unexpired documents in the presence of the employee MUST fill out, sign and date Section 2
- 🖉 🛛 Date fields
 - Today's date
 - First day of employment

Employee Info from Section 1() Last Name (Fa	mily Name) 🕐	First Name (Given Name	e) 🕐 🚺 M.I. 🔮	Citizenship/Immigration Status
List A OI	R List	B AN	D	- List C
Identity and Employment Authorization	lden	tity	-	Employment Authorization
Document Title 🔋	Document Title 🕑	_	Document Tit	le 🕐 🖉
U.S. Passport	N/A	*	N/A	
Issuing Authority (2)	Issuing Authority		Issuing Autho	nity(3)
Desument Number?	Document Number		N/A Document Ni	imbar(?)
Document Number	N/A		N/A	mber
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(r	mm/dd/yyyy)())	Expiration Da	te (if any)(mm/dd/yyyy) 🕑
	N/A		N/A	
Document Title 🕘				
Issuing Authority 🕐	Additional Informatio	n 🖲		QR Code - Sections 2 & 3 Do Not Write in This Space
Document Number				
Expiration Date (if any)(mm/dd/yyyy)③				
Document Title 🕑				
Issuing Authority 🕑				
Document Number				
Expiration Date (if any)(mm/dd/yyyy) 🕑				
Certification: I attest, under penalty of perju 2) the above-listed document(s) appear to b employee is authorized to work in the United The employee's first day of employment (ry, that (1) I have exami e genuine and to relate States. mm/dd/yyyy):	ined the document(s) p to the employee name (See in:	resented by d, and (3) to structions fo	the above-named employee, the best of my knowledge th or exemptions)
Signature of Employer or Authorized Representativ	ve 🖲 🛛 Today's Dai	te(<i>mm/dd/yyyy)</i> 🕘 Title o	of Employer or	Authorized Representative 💿
Last Name of Employer or Authorized Representative 🕃	First Name of Employer or /	Authorized Representative 🖲	Employer's B	usiness or Organization Name (
Employer's Business or Organization Address (Str	I eet Number and Name)	City or Town 🕑	s	tate 🕘 ZIP Code 🕘



What is E-Verify?

- Free web-based service that's fast and easy to use
- Electronically verifies the employment eligibility of:
 - Newly hired employees
 - Existing employees assigned to work on a qualifying federal contract
- Partnership between the U.S.
 Department of Homeland
 Security (DHS) and the Social
 Security Administration (SSA)





Form I-9 & E-Verify Work Together





E-Verify Case Processing Biographic

Ver	ify Employee	Enter Form I-9 Information		
0	Enter Form I-9 Information	Employee Information a	and Attestation	Middle Initial
0	Review Case	Looney Family name or surname	Tunes	MI
Ó	Case Results	Other Last Names Used Smith O Platt O Heart If multiple last names, type each one and hit 'Enter'	to submit and 'Backspace' to remove	
		Date of Birth 01/31/1958 U.S. Social Security Number 556-88-7741		



E-Verify Case Processing Attestation and Documents

Citizenshi	р	Statu	IS
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A citizen of the United	A noncitizen national of the United States	A lawful permanent	An alien authorized to
States		resident	work

Employer or Authorized Representative Review and Verification

What document types are on Tunes Looney's Form I-9?

List A Document

List B & C Document

List A Document

Permanent Resident Card or Alien Registration Receipt Card (Form I-55 🔹



E-Verify Case Processing First Day of Employment

Today	1 Day Ago	2 Days Ago		
Employee's Fi	rst Day of Emp	oloyment 😧		
10/04/2021				
Employees must of employment.	be verified within	three business da	iys of their first	t day
Visa Number				
Visa Number				
Visa Number				
Visa Number SEVIS ID Num	ıber			
SEVIS ID Num	iber 91			
Visa Number SEVIS ID Num N12345678	ı ber 91			
Visa Number SEVIS ID Num N12345678 Employee ID (iber 91 Optional)			
Visa Number SEVIS ID Num N12345678 Employee ID (iber 91 Optional)			
Visa Number SEVIS ID Num N12345678 Employee ID (An optional, 40-c	iber 91 Optional)	you may create t	o easily identify	y and



E-Verify Case Processing Photo Match

Verif	y Employee	Review Case
ØO	Enter Form I-9 Information Review Case Case Results	 Does the photo displayed match the photo displayed on Test Test's U.S. Passport or Passport Card? Yes, this photo matches No, this photo does not match No photo displayed
		Continue to Case Results Save & Exit

Allows you to match the photo on a document to the photo that DHS has on file for that employee, and is activated automatically if an employee has presented:

- I-551, (Permanent Resident Card)
- Form I-766, (Employment Authorization Document), or
- U.S. passport or passport card



Tentative Nonconfirmation (Mismatch) Action Required

- Employers must notify the employee and complete the referral process within<u>10</u> <u>federal government working days</u>
- Employer prints the Further Action Notice and reviews it with the employee promptly and privately
- Employee decides whether or not to take action to resolve the mismatch.
- Employer refers case and provides the Referral Date Confirmation for employees who take action

Employee visits SSA or calls DHS. See <u>E-Verify What's New</u> for mismatch extensions due to public office closures

Employer receives updated results in E-Verify and closes the case

Employee Chooses to Take Action	Employee Chooses Not to Take Action
Employer refers employee to	Employer may terminate employee
appropriate agency	and close the case in E-Verify



E-Verify NextGen – COMING SOON

NextGen is an exciting new product that modernizes and streamlines the Form I-9 and verification process for employees and employers.

Feature	Benefits for Employee	Benefits for Employer
Will allow employees to enter their own personal information and documents	More privacy and security for your personal information.	Improves efficiency and reduces data entry errors.
Direct notification of employment status	Immediate notification, in most cases, if further action is needed to determine employment eligibility, including next steps.	Eliminates the need, in most cases, for employers to deliver Further Action Notices to employees.
Will carry verification status over to new employment	Update and share your employment eligibility status with new employers.	Seamless integration with E-Verify, allowing you to manage all cases in one place.

E-Verify NextGen Overview Video



June 28, 2023

Immigrant and Employee Rights (IER)



The anti-discrimination provisions of the INA are enforced by:

Department of Justice Civil Rights Division

Immigrant and Employee Rights Section

Employee hotline: 1-800-255-7688 (TDD: 1-800-616-5525)

Employer hotline: 1-800-255-8155 (TDD: 1-800-362-2735)

IER's "Employer Dos and Don'ts."



E-Verify Engagement

Take advantage of our FREE Engagement services:

- Take additional <u>public webinars</u>
- Request event speakers, customized webinars, or content for your publications
- Seek approval for E-Verify[®] Logo Authorization

You can use logos on websites, job announcements/ applications, or company broadcasts to further advertise your company's commitment to a legal workforce.





Form I-9 Resources

I-9 Central

<u>I-9 Central</u> <u>Revised I-9 Table of Changes</u> <u>I-9Central/Espanol (Spanish)</u> <u>Form I-9 DACA Guidance</u> <u>Updated Receipts Guidance</u> <u>Form I-9 and E-Verify Natural</u> <u>Disaster Fact Sheet</u>

M-274, Handbook for Employers M-274 Summary of Changes

Mergers & Acquisitions

Examples of documents: <u>Acceptable Documents</u> <u>Automatic Extensions</u> <u>Combination Documents</u>

I-9 Webinar on Demand & Vignettes



USCIS Response to Coronavirus (COVID-19)							
An official website of the United S	States gov	ernment Here's how you know 🗸			Español	Multilingual Reso	urces
U.S. Citizenship and Immigration Services		Topics Forms	Search our Site Newsroom	Citizenship	Q Green Card	Sign In Laws To	▼ pols
I-9 Central		Home > 1-9 Central					
Form I-9 Related News Temporary Policies Related to COVID-19	~	Federal law requires that every employ the U.S. must complete Form I-9, Empl identity and employment authorizatio	er* who recruits, refe pyment Eligibility Ve 1.	ers for a fee, or hir rification. Form I-S	es an individual fo) will help you ver	or employment in ify your employe	n e's
Complete & Correct Form	~	"NOTE: We will refer to both employers" "employers" throughout I-9 Central.	and agricultural rec	ruiters and referre	ers for a fee collect	ively as	
Form I-9 Acceptable Documents	~	Latest Headlines					
Employee Rights and Resources	~						
Legal Requirements and Second Se	~	FINAL REMINDER: DHS Ended COVID-J July 22, 2022	9 Temporary Policy	for Expired List B	Identity Docume	nts	

Customer Service Contact Center

E-Verify received the highest rating for customer service of all federal agencies in the American Customer Satisfaction Survey!

- ✓ Form I-9 Website: <u>www.uscis.gov/i-9Central</u>
- ✓ E-Verify Website: <u>www.E-Verify.gov</u>
- ✓ Form I-9 Email: <u>i-9Central@uscis.dhs.gov</u>
- ✓ E-Verify Email: <u>E-Verify@uscis.dhs.gov</u>
- Employer Hotline: (888) 464-4218
- ✓ Employee Hotline: (888) 897-7781





THANK YOU!



