

texas tech university Human Resources

### **COMPLETING FORM I-9**

## AGENDA



texas tech university Human Resources<sup>--</sup>

- I-9 Process
- Acceptable Documents for I-9
- I-9 Examples
- Using Document Receipts
- Reverifications
- Avoiding and Correcting Errors
- Penalties
- Practice



### I-9 Process





- Employers must process the Form I-9 online using the enhanced form.
- Employers must ensure that all pages of the instructions and lists of acceptable documents are available, either in print or electronically.

- Any time after the acceptance of a job offer and the first day of work for pay, the employee may complete Section 1 of Form I-9.
- Employers may not specify which document or combination of documents that the employee should provide.
- The employee and employer must follow the One Day and Three Day Rule when completing the I-9 form.

# One Day and Three Day Rule



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### One Day

- Employees may complete Section 1 of Form I-9 at any time between acceptance of a job offer and the first day of work for pay.
- You may not start the I-9 process before the employee accepts your employment offer.
- The employee must complete Section 1 of Form I-9 by his or her first day of work for pay. Section 1 of the form must be printed, signed and dated.

### Three Day

 The employer must review the employee's document(s) and fully, complete Section 2 of Form I-9 by the third business day after the first day of work for pay. Section 2 of the form must be printed, signed and dated.

### Acceptable Documents



Employees must establish both identity and employment authorization.

An employee must present to his or her employer a document from List A, which shows both identity and employment authorization;

or

a combination of one document from List B, which shows only identity, and one document from List C, which show only employment authorization.



### Acceptable Documents continued



- Documents must be original and unexpired.
- Documents must be seen in person
- Copies and faxes are unacceptable

Certified birth certificates are the only acceptable copied document for the Form I-9.

## Form I-9 Online



### Log onto https://www.uscis.gov/i9

### Download this form to your desktop for easy access.



## Form I-9 Section 1



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	Instructions Start Over Print	
667	Employment Eligibility Verification	USCIS
	Department of Homeland Security U.S. Citizenship and Immigration Services	Form I-9 OMB No. 1615-0047 Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee than the first day of emplo	Information yment, but not	and A	ttest: ccepti	ation (E	Employees mu offer.)	ist complete and	l sign Se	ection 1 a	f Form I-9 no later
Last Name (Family Name) 📀		First Nar	ne (Giv	en Name)	1	Middle Initial 🕑	Other L	ast Name	s Used (if any) 🕐
Mouse		Mickey				F	N/A		
Address (Street Number and N	lame) 🕐		Apt. N	umber 🕐	City or Town	2)		State 📀	ZIP Code
123 Main Street			N/A		Lubbock			TX I	79409
Date of Birth (mm/dd/yyyy) 🕐	U.S. Social Secu	urity Num	ber🕐	Employ	ee's E-mail Add	ress 🕐	E	mployee's	Telephone Number 🕐
11/18/1928	123-45	-6789		mickey.	mouse@ttu.edu			(806) 432	-5678

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

X 1. A citizen of the United States 🧐		
2. A noncitizen national of the United States (See instructions)		
3. A lawful permanent resident 🖲 (Alien Registration Number/USCIS Number): 🕘 🗤	٨	N/A
4. An alien authorized to work <sup>(9)</sup> until (expiration date, if applicable, mm/dd/yyyy): (0) <u>x/</u> Some aliens may write "N/A" in the expiration date field. (See instructions)	<u>^</u>	
Aliens authorized to work must provide only one of the following document numbers to com An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreig	plete Form I-9: In Passport Number.	GR Code - Section 1 Do Not Write in This Space
1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: N N N N Country of Issuance: N N N N N N N N N N		QR code Do not write in this space.
Signature of Employee 🕗	Today's Date (mm/dd/	yyyy) 🕐
Preparer and/or Translator Certification (check one): 🕐	-	
I did not use a preparer or translator.      A preparer(s) and/or translator(s) assisted th (Fields below must be completed and aigned when preparers and/or translators as 1 attest, under penalty of perjury, that I have assisted in the completion of Sec knowledge the information is true and correct. Signature of Preparer or Translator	e employee in completin aist an employee in c ction 1 of this form a Today's D	g Section 1. ompleting Section 1.) nd that to the best of my ate (mm/dd/yyyy) ?
I did not use a preparer or translator.       A preparer(s) and/or translator(s) assisted th         (Fields below must be completed and signed when preparers and/or translators as         I attest, under penalty of perjury, that I have assisted in the completion of Se knowledge the information is true and correct.         Signature of Preparer or Translator ()         Last Name (Family Name)	e employee in completin sist an employee in co ction 1 of this form a Today's D (Given Name) 3	g Section 1. smpleting Section 1.) nd that to the best of my ate (mm/dd/yyyy)
I did not use a preparer or translator.       A preparer(s) and/or translator(s) assisted th         (Fields below must be completed and signed when preparers and/or translators as         I attest, under penalty of perjury, that I have assisted in the completion of Seknowledge the information is true and correct.         Signature of Preparer or Translator()         Last Name (Family Name)         Address (Street Number and Name)         City or Town()	ie employee in completin saiat an employee in c ction 1 of this form a Today's D (Given Name) 🕄	g Section 1. mpleting Section 1.) nd that to the best of my ate (mm/dd/yyy) 0 State 7 ZIP Code 0

- Must be completed by first day of work for pay.
- > No P.O. Boxes are allowed
- E-mail and Telephone fields are optional. Use N/A if not using these fields.
- > QR code is visible when printed.
- The employee must acknowledge if a translator was used by checking one of the options.
- Click to Finish gives access to the audit feature.
- The form must be printed, signed and dated.
- A button is available for complete instructions.

### Form I-9 Section 2



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	Instruction	s Start Ov	Ver Print			
8	Empl Dep U.S. C	loyment Eligibilit partment of Homel itizenship and Immi	y Verification and Security gration Services		a	USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019
Section 2. Employer or A (Employers or their authorized repre- must physically examine one docum of Acceptable Documents.")	Authorized I esentative must o nent from List A (	Representative R complete and sign Section DR a combination of one	Leview and Verific n 2 within 3 business day document from List B and	ation s of the e d one doo	employe cument	e's first day of employment. You from List C as listed on the "Lists
Employee Info from Section 13	Last Name (Fan Mouse	nily Name) 🕐	First Name (Given Nam Mickey	e) 🕗	M.I. 🥝 F	Citizenship/Immigration Status
List A Identity and Employment Auth	OR norization	List	B Al	ND		List C Employment Authorization
Document Title 🕐 χ/λ		Document Title 🕐		Docum Social S	ent Titk Security	e ?) r Card (Unrestricted)
Issuing Authority		Issuing Authority 🕙 California		lssuing Social	Author Secur	ity Board
N/A		Document Number 3 M954321		Docum 123456	ent Nur 5789	mber <sup>(3)</sup>
Expiration Date (if any)(mm/dd/yyy N/A	<b>y</b> 3	Expiration Date (if any)( 06/15/2019	mm/dd/yyyy <mark>)</mark>	Expirat N/A	ion Dat	e (if any)(mm/dd/yyyy) 🕐
Document Title						
Issuing Authority		Additional Informatio	n 🤨			QR Code - Sections 2 & 3 Do Not Write in This Space
Document Number?					Г	0.0
Expiration Date (if any)(mm/dd/yyy N/A	y) <sup>3</sup>					QR code
Document Title 🕐						this space.
Issuing Authority 🖲					L	
Document Number						
Expiration Date (if any)(mm/dd/yyy N/X	y <del>)</del> 3			_		

Certification: Lattest, 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): 10 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representativ	ve 🕖	Today's Da	te(mm/dd/yyyy)	🕐 Title	of Employer	or Authoria	zed Represent	ative 🕗
				ESC				
Last Name of Employer or Authorized Representative	First Name of	f Employer or <i>i</i>	Authorized Repre	sentative (	Employer's	s Business	or Organizatio	on Name 🖲
Last	First				Texas Tec	h Univer:	ity	
Employer's Business or Organization Address (Stre	eet Number a	nd Name)🕗	City or Town	2)		State 🕑	ZIP Code 🕗	
2500 Broadway			Lubbock			TX	79409	
		OF L	Plaint and a					

Please print to sign and date this section

- Must be completed by the end of the 3<sup>rd</sup> business day after the date of hire.
- The name and citizenship status will auto fill if completing at the same time as section 1. Otherwise, type in the employee's last name, first name and citizenship/immigration status in the space provided.
- Must complete List A or a combination of List B and List C.
- Click to Finish gives access to the audit feature.
- The form must be printed, signed and dated.

### Form I-9 Section 3



TEXAS TECH UNIVERSITY Human Resources

	tructions Start Over Employment Eligibility Ver Department of Homeland S U.S. Citizenship and Immigratio	rificatio ecurity n Service	Print n es		USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019
Employee Name from Section 1:	Last Name (Family Name) 🕘 House	8	First Name (Giv KLokey	en Name) 🙂	Middle Initial 🕑
Section 3. Reverification and Re	hires (To be completed and signed	l by emplo	oyer or author	ized representativ	/e.)
A. New Name (if applicable) 😢			B. Date	of Rehire (if applica	ble)
Last Name (Family Name) 🛞	First Name (Given Name) <b>(</b> )	Middle Init	tial 🕘 Date (n	nm/dd/yyyy) 🥘	
C. If the employee's previous grant of emplo continuing employment authorization in the s	yment authorization has expired, provide space provided below.	the inform	nation for the do	cument or receipt th	nat establishes
Document Title 🔋	Document Num	be <mark>r 🕑</mark>		Expiration Date (i	f any) (mm′cidi'yyyy) 🕗
attest, under penalty of perjury, that to the employee presented document(s),	o the best of my knowledge, this en the document(s) I have examined a	ployee is	authorized to genuine an	work in the Unit d to relate to the i	ed States, and if individual.
Signature of Employer or Authorized Repres	ientative 🕐 Today's Date (mm/dd/yyyy)	Name	e of Employer o	r Authorized Repres	entative 🕐
	Click to Finish				

Section 3 is on a separate page while online.

When printed, section 3 will appear at the bottom of the section 2 page.

- Write employee R# at the top of page.
- Ensure employee's name is written in space provided.
- Complete only Section 3 for reverifications.
- The name field in section 3 is only for a name change.
- Employee's signature is not required.

Reverification F1	Employ Depart U.S. Citize	ment Eligibi ment of Hom aship and Inu	lity Verificat eland Security nigration Servi	ion , <u>Roo</u> ices	00 00	USCIS Form 1-5 OMB No. 1615- Expires 08/01/2
Section 2. Employer or Au (Employers or their nutborized represe must physically exemine one document of Acceptable Documents.")	thorized Rep stative must compl it from List A OR a	resentativo lete and sign Sect combination of or	Review and lion 2 within 3 busi te document from	Verificatio ness days of ti List B and one	n he employ documen	no's first day of employment. I from List G as úsled on the
Employee Info from Section 1	st Name (Femily No	amej	First Name (Gi	nan Namoj	ML	Cilizenship/Immigration Ste
List A Identity and Employment Authori	OR	LI	st B	AND	1.0	ListC
Document Title	Docu	mend Title	noty	Doc	umont Tas	Employment Authorizatio
Issuing Authority	Issuin	g Authority		leeu	ing Author	rity
Document Number	Dacu	nont Number		Doc	ument Nur	mber
Expiration Date (if any)(mm/dd/yyyy)	Expira	rtion Date (# any)	(mas/dd/yygy)	Expl	ration Dat	e (il any)(mm/dd/yyyy)
Document Title					_	
Issuing Authority	Add	itional Information	on			GR Code - Sections 2.6.3 Co Not White in This Sector
Document Number						
Expiration Date (if any)(mm/dd/yyyy)						
Document Tille						
Issuing Authority						
Decument Number					-	
Expiration Date (# any)(mm/kit/yyy)						
Certification: I attest, under penalty 2) the above-listed document(a) ap imployee is authorized to work in th The employee's first day of emplo	of perjury, that ( pear to be genuin to United States. syment (mm/dd/)	(1) I have exami te and to relate vyyy):	ned the docume to the employee	nt(s) presen named, and See Instruct	ted by the	e above-named employee a best of my knowledge th
Signature of Employer or Authorized Rep	evitatine	Teday's Dat	e(ennvicki/sysy)	Title of Empl	oyer or Au	florized Representative
ast Name of Employer or Authorized Repres	enlative First Nan	ne of Employer or A	ulhorized Represent	ative Emple	yer's Busi	iness or Organization Name
implayer's Business or Organization Add	fress (Street Numb	er and Name)	City or Town		State	ZIP Code
ection 3. Reverification and I	Rehires (To be a	completed and	signed by emplo	ver or author	ized repr	esentative )
- New Name (Femily Alexa)	Trine and			B. Date	of Rehire	(if applicable)
K In	First Name (Giv	en Nume)	Middle Initia	i Date (m	m/dd/yyyy	1
If the employee's previous grant of emp	loyment authorized	ion has expired, p	rovide the informa	lion for the do	N/A cument or	receipt that establishes
comment Tale P N.5 Sport Unit 5 33 21329 exp tfeet, under penalty of perjury, that e employee presented document(s)	to the document(s	s UNCO knowledge, th	Number F- 133956 is employee is a led appear to be	20 12/31/2022 uthorized to genuine and	Expiration E-174 work in the	on Date (Fany) (mmétidiyyy) # COUSES 06 2 2/- the United States, and if to the individual.
gnalue of Employer of Authorized Regr	tentative Toda	ny's Date (naprind	yyyy) Name o	f Employer or	Authorize	d Representative

### Documentation for different Visa Status



### Most Common Foreign Student/Scholar Status

- Visa Status can be found on the I-94 card/printout
- Make sure all documents provided are UNEXPIRED

### F-1 Status:

- Foreign Passport
  - |-94
  - Form I-20

### J-1 Status:

- Foreign Passport
  - ]-94
  - Form DS-2019
- Sponsor Letter (for students)\*\*

### H1B Status:

• Foreign Passport

• ]-94

## F1 Status Example



The employee may present you with an Unexpired Foreign Passport, I-94, and Form I-20. These documents establish the employee's identity and employment authorization for Form I-9 purposes and should be recorded under List A in Section 2 of Form I-9.

	이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함,	This passport is valid for all countries unless otherwise endorsed.	
	국타리 인전을 위치에 해외어떻 전에 공격에서2000///www.0004.pp.b/을 여행정보지역인 정우에는 해당되는 소지인의 서명	는 만드시 피고통상은 해외안전에해 항문하시기 바랍니다. 이해 목적적가 지정을 흔수하시기 버입니다.	
- Jan	Signature of bearer		
이 퀸 PAS	SPORT BR/Type Start	MI23	
	All Ober sames S All Refeasing REPUBLIC OF KC BERWinter at late 27 M	2010 000 000 000 000000 000000000000000	Send .
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Securing America's B	orders	Please read Testivactions on Page 3 This area of the strategies of
15		1. Parky Harrison of
		And Lowel Huger Middle Made
	OMB No. 1651-0111	Candigofficia Dez at beit inschaferat
	Expiration Date: 11/30/2014	Churry of state and is a second se
		, Kutper Indae
Admission (I-94) Number R	etrieval	Read Ministerior and a second and a second
		and a bands water special
		Scool mile (an all og 2 vigtor Pa, if wy) and op one hide synometice
Admission (I-94) Record No	Jmber: 67808	<ol> <li>This coefficiency is used to the and an annual above for:</li> </ol>
Admit Until Date (MM/DD/Y	YYY): D/S	4. Lovel of education the readers is parallely a self parameter the Ta
Details provided on Admissio	n (I-94) form:	5. The stability stands deven the how support they indicate over the stability of the stability of the stability of the stability of the Stability of the st
Family Name:	M	alag to works
First (Given) Name:	S	
Birth Date (MM/DDAVAV)	08/1	. Datter red fee
Passport Number:	801	Construction     Construction     Construction     Construction     Construction     Construction     Construction
Passport Country of leauance	a India	<ol> <li>School Contributions: J parties under prestes of conject that will be and in the indicentry. I presented from terms and a result Statement.</li> </ol>
Date of Entry (MM/DD/YYY):	05/25/2013	the a cluster if typication, research to the end of a first sector of the sector of th
Class of Admission:	PI	Twee a list of a list and a list of
Effective April 26, 2013, DHS bega required to be in possession of a prepr	n automating the admission process. An alien law fully admitted or paroled into the U.S. is no longer inted Form 594. A record of admission printed from the CBP website constitutes a law ful record of	15. Subject Configuration Theorem and and grand to compare with their project. To entity that all and anomalous provide an interformation and the proceeding of the compared of the compared of the compared bases. To be an advecting for events of the of the configuration of the compared of the compared of the configuration of the proceeding of a state.
aumasion, oee o LFR§ 1.4(d).		Section Company
If an employer, local, state or feder.	al agency requests admission information, present your admission (I-94) number along with any additional	forther a fill 1

### Examples of I-94 Documents



texas tech university Human Resources<sup>\*\*</sup>

### Form I-94 or Form I-94A Arrival/Departure Record

U.S. Customs and Border Patrol or U.S. Citizenship and Immigration Services issue arrivaldeparture to nonimmigrants. This document indicates the bearer's immigration status, the date that the status was granted, and when the status expires. The immigration status notation within the stamp on the card varies according to the status granted, e.g., L-1, F-1, J-1.The Form I-94 has a handwritten date and status, and the Form I-94A has a computer-generated date and status. Both may be presented with documents that Form I-9 specifies are valid only when Form I-94 or Form I-94A also is presented, such as the foreign passport, Form DS-2019, or Form I20.

	5/28/13	I-94 Admission Number Retrieval
Departure Number OMB No. 1651-011	U.S.	Customs and Border Protection
000000000000	ALTING STOL	
Sample		OMB No. 1651-0111 Expiration Date: 11/30/2014
	Admission (I-S	34) Number Retrieval
Departure Record	Admission (I-	94) Record Number: 67808
201 ·····	Admit Until Da	ate (MM/DD/YYYY): D/S
14. Family Name	Details provide	
SITIUIDENIT	Family Name	
15. First (Given) Name 16. Birth Date (Day/Mo/	Yr) Birth Date (N	Name: 5
<b>I</b>   <b>M</b>   <b>A</b>                   0   <b>1</b>   0   <b>1</b>   7     17	0 Passport Nu	mber: J08
A N Y   C O U N T R Y	Passport Co	untry of Issuance: India
CPB Form I 04 (10)	Class of Adm	(MMM/DD/TTTT): 05/25/2013 hission: F1
See Other Side STAPLE HER	E Effective April 2 required to be in pos admission. See 8 Cl	6, 2013, DHS began automating the admission process. An alien law fully admitted or paroled into the U.S. is no longer session of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a law ful record of FR § 1.4(0).
	F an employer, I	ocal, state or federal agency requests admission information, present your admission (F94) number along with any additional

required documents requested by that employer or agency.

Form I-94 Arrival/Departure Record

Note: For security reasons, we recommend that you close your brow ser after you have finished retrieving your I-94 number.

## Example of Form I-20 🍸

Form Name

Document number

Expiration

date

School name- In most cases, the school name will be TTU. It is

possible that it is from another school with

endorsement

employment on Page 3.

for TTU

an

<form>      Painty Name (unmame):     <t< th=""><th>read Instructions on Page 2 sage must be completed and signed in the U.S. by</th><th>a designated school official.</th><th></th><th></th><th>SEVIS</th></t<></form>	read Instructions on Page 2 sage must be completed and signed in the U.S. by	a designated school official.			SEVIS
<form><pre>mit</pre></form>	mily Name (sumame):		For Immigra	ation Official User	N00000
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and 000000000000000000000000000000000000	Texas Tech University	$\mathbf{>}$	11		
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setter (include in pools)	s sistant Director		Visa issuing post	Date Visa Issued	KEALERTINE
index code (micksdamg 1-dig us diffs, (if any) and approved due: 	iool address (include zip code):		1		27542
intervent       intervent         intervent	univergences and an action of any and approximately and approximately and approximately and approximately and approximately appr	wal date	41		
This school can be stadent amed above for:       Initial attendance at this school.         Level of cloaction the student is pursuing or will pursue in the United States:       Initial attendance at this school.         Level of cloaction the student is pursuing or will pursue in the United States:       Initial attendance at this school.         Level of cloaction the student is pursuing or will pursue in the United States:       Initial school has information showing the following as the student's mode of cloaction of school has determined for an acchemic term of 12 mode (Use the same number of number given in item 7).         This school states the student's workers or school has determined for an acchemic term of 12 mode (Use the same number of number given in item 7).         This school school termines the student's workers or school has information showing in a complex school has determined for an acchemic term of 12 mode (Use the same number of number given in item 7).         This school school termines the student's worker cost of an acchemic term of 12 mode (Use the same number of number given in item 7).         This school school termines the student's worker cost of an acchemic term of 12 mode (Use the same number of number given in item 7).         This school termines the student's worker cost of an acchemic term of 12 mode (Use the same number of number given in item 7).         This school termines the student's mode (Use termine) termine the school price termine termin	a for the second	pproved on 01/27/2003	Reinstated, extension	Pranted to:	-11
Active of education the student is pursuing or will pursue in the United States: <b>DATER: 9</b> The student named above has been accepted for a full course of study at his fabol, majoring in <u>Rivery relax to the school on later than (73/2010)</u> , and courples studies not the three (73/2010).         and courples studies not be observed to the school on later than (73/2010), and courples studies not the three (73/2010).         study is	This certificate is issued to the student named in Initial attendance at this school.	above for:		B. surfa in	
NATEX: 9         The student named above has excepted for a full course of study at this is shold, majoring in Electrices 1. Incommatication is and the student's excepted to provide the student's excepted to provide the student's encapted to provide the student's excepted to provide the student's encapted to provide the student's encapted to provide the student's excepted to provide the student's encapted to the school of prior to the school of ficial of the school and an authorized to provide the student's encapted to the school and encapted to provide the student's encapted to the school or prior to the school of priors of study as the temps and concrect of the school of school student's encapted to the school to release encapted to provide the prior of the school of prior to the school of priors of study as the school release encapted to priors of the school of priors of study as the school prior to the school of priors of study as the school prior of the school of priors of study as the school priors of study as the school release encapted to priors of priors and school to release encapted to prisming franthe school r	evel of education the student is pursuing or w	ill pursue in the United States:			11 1
The stadent named above has been accepted for a full course of study at his     f.     f. </td <td>KASTER'S</td> <td></td> <td></td> <td></td> <td></td>	KASTER'S				
This school estimates the student's average costs for an academic term of the school primeter is 0.00. Total is 0.00.       0.00. Total is 0.00. T	nd complete studies not have than 08/23/20: hudy is money: inglish proficiency: This school requires English profic fhe student has the required Englis	13 The formal length of siency. th proficiency.	<ul> <li>a. Student's pe</li> <li>b. Funds from Specify type</li> <li>c. Funds from Specify type</li> </ul>	ersonal funds \$ this school \$ #Assistantship another source \$ e	0.00
School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before 1 signed this form and is true and correct, I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcriptic, or other received and period final and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as deficiely 8 CFR 214.2(f)(6); I am a designated official of the above named school and an authorized to issue this form. <u>Assistant Director</u> 01/30/2010 <u>Director</u> 01	his school estimates the student's average con 12 (up to 12) months to be: Tuition and fees Living expenses Expenses of dependents (o) Other (specify): Total	sts for an academic term of <u>S</u> 2.567.00 <u>S</u> 3.780.00 <u>S</u> 0.00 <u>S</u> 0.00 <u>S</u> 16.347.00	9. Remarks:	Total \$	0.00
Name of School Official         Signature of Designates association of the terms and conditions of my admission and those of any actenation of stary as specified on a sp	chool Certification: I certify under penalty of ad is true and correct; I executed this form in the student's application, transcripts, or other r vecution of this form; the school has determin ill be required to pursue a full course of study o issue this form.	perjury that all information pro- the United States after review a ecords of courses taken and pro- ed that the above named studen as defined by & CFR 214.2(1)	wided above in items 1 nd evaluation in the Un of of financial responsit t's qualifications meet a 6); I am a designated of	through 9 was completed tited States by me or other billity, which were receive all standards for admissio fficial of the above named	I before I signed this form officials of the school of dat the school prior to the n to the school; the student i school and am authorized
Student Certification: 1 have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. Levrify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. Levrify that seek to enter or remain in the United States temporarily, and solely for the paprose of pussing a full course of study at the school ramed on page 1 of this form. I also anthorize the named school to release any information from my records which is needed by the INS pursuant to & CFR 214.3(g) to determine my noninnmigrant status.	iame of School Official Signature of Design	nated School Utilicial Title	0	Date Issued 1	Place Issued (city and state)
Name of Student Signature of Student Date	tudent Certification: I have read and agreed 8 age 2. I certify that all information provided a celt to enter or remain in the United States ten ymm. I also authorize the named school to rele ay nonimmigrant status.	o comply with the terms and co on this form refers specifically t aporarily, and solely for the pur- ase any information from my re	nditions of my admission or me and is true and co pose of pursuing a full of coords which is needed	on and those of any exten- rrect to the best of my kn course of study at the sch by the INS pursuant to 8	sion of stay as specified on owledge. I certify that I sol named on page I of this CFR 214.3(g) to determine

	\$				
SURNAM, SURVARY NAME		GIVEN NAME		CLASS	
PREFERRED NAME		PASSPORT NAME		-	-
LEVIN FARES MARO				I II'.	
COUNTRY OF BIRTH TANZANIA		COUNTRY OF CIT TANZANÍA	IZENSHIP	<b>I</b> ''	<u> </u>
DATE OF BIRTH		ADMISSION NUM	BER	ACADE	
FORM ISSUE REASON TRANSFER - UPDATED		LEGACY NAME LEVIN MARO		LANC	UAGE
SCHOOL INFORMATION	h				
SCHOOL NAME Texas Tech University Texas Tech University		SCHOOL ADDRES	58 Cultural Conter,I	abbock,TX 79	109
SCHOOL CONTACT UPO	N ARRIVAL	SCHOOL CODE A	ND APPROVAL DATI	6	
Karin Senit International Student Counselor		DAL214F0002000 21 JANUARY 200	30 33		
PROGRAM OF STUDY					
EDUCATION LEVEL BACHELOR'S	MAJOR I Engineering, Gene	ral 14,0101	MAJOR 2 None 00.0000		
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH Required	PROFICIENCY	Student is pre	CIENCY NOTES	
PROGRAM START DATE 17 AUGUST 2015	PROGRAM END DATE 16 AUGUST 2019	ĸ			
FINANCIALS					
ESTIMATED AVERAGE COSTS FOR: 9	MONTHS	STUDENT'S FUN	DING FOR: 9 MONTH:	5	0
Tuition and Fees	\$ 21,339	Funda From Th	e is School	ŝ	
Expenses of Dependents (0)	\$	Family		\$	50,000
Health Insurance +Books	\$ 3,300	On-Campus Emp	loyment	\$	
TOTAL -	\$ 35,368	TOTAL.		\$	50,000
SCHOOL ATTESTATION I centify under penalty of perjury that all infor States after review and evaluation in the Units and proof of financial responsibility, which we	nation provided above was entered d States by me or other officials of pre-received at the school prior to to topice school and the student will	d before 1 signed this form f the school of the student he execution of this form be required to pursue a fi	n and is true and correct. I's application, transcripts, The school iss determin ill program of study as de	I executed this form , or other records o and that the above r timed by 8 CFR 21	a in the U f courses amed stu 4.2(f)(6).
iqualifications meet all standards for admission	school and am authorized to issue	this form.	· .	A ACE RESURD	
qualifications meet all standards for admission designated school official of the above named	rnational Student	13 July 2015	1	Lubbock, TX	
qualifications meet all standards for admission designated school official of the above number X SIGNATURE OF: Karin Senft, Inte Counsel or				and a second second second	
qualifications meet all standards for adjustspot designated school official of the above numbed X SIGNATURE OF: Karin Senft, Inte Counselor STUDENT ATTESTATION					
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spathteneore most all standards for admission dispated school official of the show a maind X SIGNATURE OF KARIN Senft Inte Connenior STUDENT ATTESTATION Inter cost and agreed to comply with the ism refers specifically to me and is true and corre- propose of pramains a full program of study at pursuant is CTR 214.3(g) to despine by y X SIGNATURE OF: Lovin Faren Marco	us and conditions of my admission t to the best of my knowledge. I ci the school numed above. I also au ionimmigrant status. Parent or gu	n and those of any extensi erify that I seek to enter altorize the named school ardian, and student, m	ion of stay. I certify that a or remain in the United St to release any informatic ast sign if student is und UNLY 15, 2015 TB	Il information prov ates temporarity, a an from my records er 18.	ided on th nd solely needed b
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TEXAS TECH UNIVERSITY

Human Resources

## Example of F1 on I-9



TEXAS TECH UNIVERSITY Human Resources<sup>-</sup>



### **Employment Eligibility Verification** Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS	
Form I-9	)
OMB No. 1615-	0047
Expires 08/31/2	019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 accenting a job offer

Last Name (Family Name) Potter		First N: Harry	ame (Give	en Name	}	Middle Initial	Othe N/A	er Last Names Used (if any)		
Address (Street Number and 123 Main Street	Name)	No PO Boxes	Apt. Nu NZA	mber	City or Town Lubbock		_	State 7X	ZIP C 79409	ode
Date of Birth (mm/dd/yyyy) 07/31/1980	U.S.	Social Security Nur	mber 7 8 9	Employ harry.p	ee's E-mail Add otterëttu.edu	ress optio	nal	Employee's	s Teleph 3~4567	one Number optional

1. A citizen of the United States		Program end date
2. A noncitizen national of the United States (See in 2. A noncitizen national of the United States (See in)	nstructions)	from I-20
3. A lawful permanent resident (Alien Registration	n Number/USCIS Number): N/A	
4. An alien authorized to work until (expiration dat	te, if applicable, mm/dd/yyyy): 12/31/2025	
Some aliens may write "N/A" in the expiration dat	te field. (See instructions)	
An Alien Registration Number/USCIS Number OR For 1. Alien Registration Number/USCIS Number: M/A OR 2. Form I-94 Admission Number: M/A OR 3. Foreian Passoort Number: 533321329	rn I-94 Admission Number OR Foreign Passport Numb //A	
Country of Issuance: United Kingdom		
Country of Issuance: United Kingdon	Today's Date (m	m/dd/yyy <mark>y)</mark> 8/31/2017
Country of Issuance: United Kingdom Agnature of Employee Harbuy Pott Preparer and/or Translator Certificatio	Todsy's Date (m	m/dd/yy/) 8/31/2017
Country of Issuance: United Kingdom ignature of Employee Harmy Pott reparer and/or Translator Certificatio I idd not use a preparer of translator, A prep	Today's Date (m C. Don (check one): arer(s) and/or translator(s) assisted the employee in con	m/gd/yydy) 8/31/2017 spleting Section 1.
Country of Issuance: United Kingdom Signature of Employee Areparer and/or Translator Certification ☐ Iddi not use a preparer or translator. ☐ A prep. Fields below must be completed and signed whe	Today's Date (n Co Don (check one): arer(s) and/or translator(s) assisted the employee in con en preparers and/or translators assist an employee	m/d/wy/) 8/31/2017 pleting Section 1. 5 in completing Section 1.)
Country of Issuance: United Kingdom ignature of Employee Harmy Lott reparer and/or Translator Certificatio I idd not use a preparer or translator, A prep- Fields below must be completed and signed whe attest, under penalty of pofury, that I have as attest, under penalty of pofury, that I have as	Today's Date (m Cro Don (check one): arer(s) and/or translator(s) assisted the employee in con on preparers and/or translators assist an employee ssisted in the completion of Section 1 of this for	m/(d/yy/)) x/31/2017 pleting Section 1. pleting Section 1.) orm and that to the best of m
Country of Issuance: United Kingdom ignature of Employee Hadry Petty reparer and/or Translator Certificatio Idd not use a preparer or translator, A prep Fields below must be completed and signed whe attest, under penalty of perfury, that I have as nowledge the information is true and correct. ignature of Preparer or Translator	Today's Date (m check one): warer(s) and/or translator(s) assisted the employee in com on preparers and/or translators assist an employee setseted in the completion of Section 1 of this for Tod	mktdvyvyl) g/31/2017 pleting Section 1. in completing Section 1.) orm and that to the best of m ay's Date (mm/dd/yyyy)



### **Employment Eligibility Verification** Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1 Potter	ine (rainty Name)	Barry	Given name,	J	4		
List A Identity and Employment Authorizatio	OR	List B Identity	AND		List C Employment Authorization		
Document Title Foreigs Passport, work-authorized nonismigrant	Document Title 8/A		Docum II/A	ent Titl	8		
Issuing Authority United Kingdon	Issuing Authority	Issuing Authority Issuing Authority N/A N/A					
Document Number 533321329	Document Num N/A	ber	Docum N/A	Document Number			
Expiration Date (if any)(mm/dd/yyyy) 12/31/2025	Expiration Date	(if any)(mm/dd/yyyy)	Expiral N/A	tion Dat	e (if any)(mm/dd/yyyy)		
Document Title Form I-94/I-94A							
U.S. Custons and Border Protection	Additional Inf practice I=9	ormation			OR Code - Section 2 Do Not White In This Space		
Document Number 6900088062							
Expiration Date (if any)(mm/dd/yyyy) D/S					史 始 策		
Document Title Form I-20					100		
Issuing Authority U.S. Immigration and Customs Enforcement	at				Logarda de la composición de		
Document Number N0001234567							
Expiration Date (If any)(mm/dd/yyyy) 12/31/2021							

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): 09/01/2017 (See instructions for exemptions) Signature.of Employer or Authorized Representative odav's Date(mm/dd/vvvv) Title of Employer or Authorized Representative Neur Signature 08/31/2017 Coordinator Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name exas Tech University Employer's Business or Organization Address (Street Number and Name) City or Town State ZIP Code 2500 Broadway 79409 Cannot be a PO Box or MS 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) F1 VISA STATUS C. If the employee's previous grant of employment authorization has expired, procontinuing employment authorization in the space provided below. Document Title Document No Unexpired Passport Form I-94 I attest, under penalty of perjury, that to the best of my knowledge, this the employee presented document(s), the document(s) I have examined Form I-20 Signature of Employer or Authorized Representative Today's Date (mm/dd/yy

### Example: Employment Authorization Card



TEXAS TECH UNIVERSITY Human Resources

If the employee presents you with an Employment Authorization Document (EAD) that contains a photograph (Form I-766), it is a List A acceptable document.



## EAD Example



Texas tech university Human Resources



### Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 <i>(Family Name)</i> Neasley		First Name (Given Name) Middle Initial Other Last Names Us Romald B N/A			Used (#	any)					
Address (Street Number and N 789 Main Street	No PO Bo	oxes	Apt. No N/A	umber	City or Town Lubbock				State TX	ZIP Cor 79409	de
Date of Birth (mm/dd/yyyy) 03/01/1980	U.S. Social Seci 1 2 3 4	s 6	ber 7 8 9	Employe ronald.	<pre>% E-mail Addre weasley8ttu.ed</pre>	ass optic	onal	En {	nployee's T 806) 342-	'elephon 5678	e Number optional

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

attest, under penalty of perjury, that I am (check one of the following boxes):	
1. A cilizen of the United States	Expiration date from
2. A noncitizen national of the United States (See instructions)	the EAD card
3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A	
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 10/25/2028	
Some aliens may write "N/A" in the expiration date field. (See instructions)	
Alians authorized to work must provide only one of the following document numbers to complete Form I-9: An Alian Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number	QR Code - Section 1 Do Not Write In This Space
1. Allen Registration Number/USCIS Number: 123456789	
2. Form I-94 Admission Number: N/A	
3. Foreign Passport Number: N/A	
Country of Issuance: N/A	
Signature of Employee Ron Wees by Today's Date of as 10/1/201	m/gd/yyyy) S
Preparer and/or Translator Certification (check one):           I did not use a preparer or translator.         A preparer(s) and/or translator(s) assisted the employee in com           (Fields below must be completed and signed when preparers and/or translators assist an employee	pleting Section 1. a in completing Section 1.)

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			Today's D	)ate (mm/d	d/yyyy)	
Last Name (Family Name)		First Name (Given Name)				
Address (Street Number and Name)	City or	Town		State	ZIP Code	



### Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

 Section 2. Employer or Authorized Representative Review and Verification

 (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

 Employee Info from Section 1
 Last Name (Family Name).
 First Name (Given Name).
 M1.
 Citizenship/Immigration Status

	Weasley		Ronald		в	4
. List A Identity and Employment Auth	orization	OR	List B Identity	AND		List C Employment Authorization
Document Title Employment Auth. Document (Form 1-766)		Document Titl 8/A	6	Docum N/A	ient Titl	e
Issuing Authority U.S. Citizenship and Immigration	Services	Issuing Author	rity	Issuing N/A	Autho	rity
SRC1234567890	t.	Document Nu N/A	mber	Docum N/A	ent Nu	mber
Expiration Date (if any)(mm/dd/y)		Expiration Dat	e (if any)(mm/dd/yyyy)	Expirat N/A	tion Dat	le (if any)(mm/dd/yyyy)
Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/bid/yyyy N/A	s	The docume ometimes loc	nt # is 3 letters ated on the ba	& 10 digits ck of the card.	$\left  \right $	OR Code - Section 2 Do Not Wile In This Space
Document Title N/A						are Sector
Issuing Authority N/A						
Document Number						
Expiration Date (if any)(mm/dd/yyyy N/A	I					

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): 09/01/2018 (See Instructions for exemptions)

								pueney
Signature of Employer or Authorized Re	presentati XUU	ve	Today's Date	e(mm/dd/yyyy ] 2018	Coord	of Employer or Linator	Author	ized Representative
Last Name of Employer or Authorized Repre	sentative	First Name of Name	Employer or A	uthorized Repre	esentative	Employer's E Texas Tech	Busines Univer	s or Organization Name sity
Employer's Business or Organization Ad 2500 Broadway Section 3, Reverification	dress (Str innot be	eet Number a a PO Box o	nd Name) or MS	City or Town Lubbock	nlover or	authorized o	State 'X	ZIP Code 79409
A. New Name (if applicable)		110 00 000	proto and t	agree by on	100901 00	B. Date of Reh	hire (if a	oplicable)
Last Name (Family Name)	First	ame (Given i	Name)	Middle	Initial	Date (mm/dd/)	yyyy)	
C. If the employee's previous grant of en continuing employment authorization in t Document Title	ployment he space	authoi provide	EMPLC	YMENT	AUTH	<u>IRORIZ</u>	ATIC	<u>ON CARD</u>
I attest, under penalty of perjury, the the employee presented document(	at to the i s), the do	best o cume	Co	py the fr	ont &	Dack of 1	the (	card.
Signature of Employer or Authorized Rep	presentati	/e Today s	Date (minio)	vyyyy) Na	ame of Emp	ployer or Autho	orized F	Representative

## J1 Status Example



If an employee presents an Unexpired Foreign Passport, I-94, and DS-2019 you will need to verify if a Sponsor Letter is also needed. These documents establish the employee's identity and employment authorization for Form I-9 purposes and should be recorded in Section 2 under List A.

	월는 한 모든 국가에서 유효함,	for all countries unless otherwise endorsed.	
(			
2	타리 단전을 위키여 배리이팅 진이 레이지(http://www.0404.go.kz)@	(1) 먼트시 제고통상부 해파안관여행 상문하시기 비압나다. 여행 목적지가	
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Note: For security reasons, we recommend that you close your brow ser after you have finished retrieving your 564 number.

## DS-2019 Example



- Document number can be found in upper right had corner.
- Verify Exchange Visitor
   Category, if category states
   Student-additional
   documentation may be
   needed.
- Expiration Date is located on the middle left of page unless
   Exchange Visitor Category states student, then defer to Sponsor Letter for expiration.



### J1 Sponsor Letter Example



texas tech university Human Resources<sup>\*\*</sup>



Office of International Affairs

October 14, 2011

TO WHOM IT MAY CONCERN:

Re:

As Responsible Officer for the Texas Tech University Exchange Visitor Program, I am designated to approve on-campus employment for J-1 students sponsored by the program [22 CFR 62.23(g)(2)]. I authorize to accept student employment as a student research assistant at Texas Tech University in the School of Law between October 14, 2011 and December 31, 2011. Employment shall be limited to a maximum of twenty hours per weak while the University is in session during the regular fall and spring semesters.

For the completion of Form I-9 for the documents which prove his employment authorization are his Form I-94, Form DS-2019 and this letter. His passport or other acceptable document will prove his identity.

Please contact me if you have any questions concerning this student's employment authorization.

Robert T. Crosier, Ph.D. Responsible Officer Texas Tech Exchange Visitor Program

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110 ICC | Box 45004 | Lubbock, Texas 79409-5004 | T 806.742.3667 | F 806.742.1286 | www.iaff.ttu.edu

An EEO/Affirmative Action Institution

### J1 Example on Form I-9



**Employment Eligibility Verification** 

TEXAS TECH UNIVERSITY Human Resources<sup>\*</sup>

USCIS



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

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)

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I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the	following boxes):		/ 50
1. A citizen of the United States		End dat	e from DS-
2. A noncitizen national of the United States (See instructions)	/	2	.015
3. A lawful permanent resident (Alien Registration Number/USCIS	Number): N/A	1	
4. An alien authorized to work until (expiration date, if applicable, n	mm/dd/yyyy): 12/31/2025		
Some aliens may write "N/A" in the expiration date field. (See inst	ructions)		
Aliens authorized to work must provide only one of the following docum An Alien Registration Number/USCIS Number OR Form I-94 Admission	ent numbers to complete Form I-9: a Number OR Foreign Passport Number	Do	2R Code - Section 1 Not Write In This Space
1. Alien Registration Number/USCIS Number: N/A OR	1	1	
2. Form I-94 Admission Number: 17055619330	And one of these		
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(Fields below must be completed and signed when preparers and	d/or translators assist an employee	in completing	Section 1.)
I attest, under penalty of perjury, that I have assisted in the o knowledge the information is true and correct.	completion of Section 1 of this for	rm and that t	o the best of my
Signature of Preparer or Translator	Toda	y's Date (mm/d	d/уууу)
Last Name (Family Name)	First Name (Given Name)		
Address (Street Number and Name)	City or Town	State	7IP Code

Section 2. Employer o (Employers or their authorized re must physically examine one do of Acceptable Documents.")	D U.S. r Authorized presentative mus current from List	epartment of Ho Citizenship and I d Representativ st complete and sign S A OR a combination o	meland Security mmigration Servio ve Review and V Section 2 within 3 busis f one document from L	ces /erificatior less days of the list B and one o	1 employ locumen	Form 1-9 OMB No. 1615-004 Expires 08/31/2019 Vee's first dey of employment. Yo It from List C as listed on the "List
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## H1B Visa Example



An Unexpired Foreign Passport, Form I-94 or Form I-797 establish the employee's identity and employment authorization for Form I-9 purposes and should be recorded in Section 2 under List A of Form I-9.



### Form I-797 Approval Notice Example



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- Form name can be found at top right corner
- School or employer name can be found at top and bottom of page.
- Valid dates of form can also be found at top and bottom of page.
- Record the I-94 number on the Form I-9 and not the Receipt number.

### H-1B Example on Form I-9



TEXAS TECH UNIVERSITY Human Resources



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047 Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal b thire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of amployment but ask before according to be first.

unan me mar day of emplo	yment, but not	perove a	accepti	ng a job	oner.)						
Last Name (Family Name)		First Na	me (Giv	en Name	)	Middle Initial	Othe	Other Last Names Used (if any N/A			any)
Weasley		Ginerva	4			н	N/A				
Address (Street Number and N	ame)		Apt. N	umber	City or Town		_	\$	State	ZIP Cod	e
789 University	No PO Bo	oxes	N/A Lubbock					7	rx	79409	
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	urity Nun	nber	Employ	ee's E-mail Add	ress	_	Emp	ployee's	Telephon	a Number
08/11/1981	1 2 3 4	5 - 6	789	ginny.w	easley8ttu.edu	, option	nai	(8)	06) 123-	4567	optional

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

attest, under penalty of perjury, that I am (check one of t	es):	Expiration date		
1, A citizen of the United States	_		fro	m I-94
2. A noncitizen national of the United States (See instructions)				
3. A lawful permanent resident (Alien Registration Number/US	CIS Number):	N/A		
4. An alien authorized to work until (expiration date, if applicable	le, mm/dd/yyyy):	12/16/2028		
Some aliens may write "N/A" in the expiration date field. (See	instructions)			
Aliens authorized to work must provide only one of the following doc An Alien Registration Number/USCIS Number OR Form I-94 Admis	cument numbers to c sion Number OR For	omplete Form I+9: wign Passport Number.	D	QR Code - Section 1 o Not Write In This Space
1. Alien Registration Number/USCIS Number: N/A				网络索纳经济网
OR				8
2. Form I-94 Admission Number: 12345678911 OR	And one	of these		
3. Foreign Passport Number: N/A	three ch	noices.		
Country of Issuance: N/A				
Agnature of Employee Ginny We	aslen	Today's Date (mp)	(10/1/1/1/)	
reparer and/or Translator Cartification (check	onovi			
I did not use a preparer or translator. A preparer(s) and/or Fields below must be completed and signed when preparers	translator(s) assisted and/or translators	the employee in comple assist an employee ir	ting Section	1. g Section 1.)
attest, under penalty of perjury, that I have assisted in th nowledge the information is true and correct.	e completion of \$	Section 1 of this form	n and that	to the best of my
ignature of Preparer or Translator		Today	s Date (mm/	(dal/yyyy)
ast Name (Family Name)	First Nam	ne (Given Name)		
	1			



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Last Name (Family Name) First Name (Given Name) Citizenship/Immigration Status Employee Info from Section 1 Weasley Ginerva List A List B AND List C Identity and Employment Authorization Identity Employment Authorization Document Title Document Title Document Title Foreign Passport, work-authorized nonimmigrant N/A S/AIssuing Authority Issuing Authority Issuing Authority United Kingdom N/A N/A Document Number Document Number Document Number 123456789 61/10 Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) 08/11/2032 N/A N/A Document Title Form I-94/I-94A Issuing Authority Additional Information QR Code - Section 2 Do Not Write In This Space U.S. Customs and Border Protection Document Number Expiration Date (if any)(mm/dd/yyyy) The expiration date 12/16/2028 is on the I-94. Document Title N/A Issuing Authority Document Number Expiration Date (if any)(mm/dd/yyyy) N/A

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/yyy)	y): 09/01	/2020	(Se	e in:	structions	for exe	emptions)		
Signature of Employer or Authoriz	ed Representation	ive	Today's D	ate (mn vide yys	<b>y)</b>	Fitle o	<mark>f Employer o</mark> inator	r Autho	rized Representative		
ast Name of Employer or Authorized	Representative	First Name of Employer or Authorized Represe Your			resentat	ive	Employer's Texas Tech	s Business or Organization Nam ch University			
mployer's Business or Organiza 500 Broadway	ion Address (Str Cannot be	e a PO Box	nd Name) (or MS	City or Town Lubbock				State TX	ZIP Code 79409		
ection 3. Reverification	and Rehires	s (To be com	pleted an	signed by e	mploye	er or	authorized	repres	entative.)		
. New Name (if applicable)					B. Date of Rehire (if applicable)						
ast Name (Family Name)	First	Name (Given I	Name)	Midd	e Initial	[	Date (mm/dd/yyyy)				
. If the employee's previous gran ontinuing employment authorizat	t of employment on in the space	authorization provided below	has expire		ŀ	H1B	VISA S	TATL	IS		
Jocument Title				Unexpired Passport							
attest, under penalty of perju	ry, that to the	best of my k	nowledge	Form	I-94 \	with	a specif	ic ex	piration date		

the employee presented document(s), the document(s) I have exal Signature of Employer or Authorized Representative Todsy's Date (mm/dd/yyyy) Name of Employer or Authorized Representative

### Social Security Card Examples



TEXAS TECH UNIVERSITY Human Resources

# There is more than one issuing authority for Social Security Cards, the most common are:

- Social Security Administration or
- Department of Health and Human Services





### Example: Driver's License and SS card



TEXAS TECH UNIVERSITY Human Resources

3	New Hire US Citize DL & SS	e Hen C U	Employment Department S. Citizenship	Eligibility of Homelar and Immig	Verification of Security ration Service	USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019		
Section 2. E (Employers or the must physically e of Acceptable Do	Employer or eir authorized rep examine one door ocuments.")	Authoriz presentative r ument from L	ed Represe must complete an ist A OR a combi	ntative Re d sign Section 2 nation of one do	view and \ 2 within 3 busin ocument from L	<b>/erificatior</b> less days of the list B and one d	l employ locumen	ee's first day of employment. You I from List C as listed on the "Lists
Employee Info f	from Section 1	Last Name Mouse	(Family Name)	F	irst Name (Giv Lokey	en Name)	M.I. F	Citizenship/Immigration Status
identity and	List A Employment Au	thorization	OR	List B Identit	s y	AND		List C Employment Authorization
Document Title			Document	Title cnoe issued by st	ate/territory	Docu	ment Tit	e y Card (Onrestricted)
Issuing Authority N/A	r	÷.	Issuing Aut	hority		Issui	ng Autho	rity rity Board
Document Numb	er	1	Document M954321	Number		Docu	ment Nu	mber
Expiration Date	(if any)(mm/dd/yy	999)	Expiration I 06/15/2019	Date (if any)(mn	n/dd/yyyy)	Expir N/A	ation Da	te (if any)(mm/dd/yyyy)
Document Title								
Issuing Authority	1		Additiona	I Information				QR Code - Section 2 Do Not Write In This Space
Document Numb	er							
Expiration Date	(if any)(mm/dd/yy	999)						
Document Title								
Issuing Authority N/A	r		111					
Document Numb	er							
Expiration Date	(if any)(mm/dd/yy	yy)						

Certification: 1 attest, under penalty of perjury, that (1) 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.

Signature of Employer or Authorized Repr	Т	oday's Da	te(mm/dd	yyyy)	Title of Employer or Authorized Representati				
Last Name of Employer or Authorized Represe	t Name of En	Employer or Authorized Represent			tative Employer's Business or Organization Name				
Employer's Business or Organization Add 2500 Broadway	ress (Street M p PO Bo>	lumberand (es or M	Name) S	City or T Lubbock	own	07.01	outbodie	State TX	ZIP Code
A. New Name (if applicable)	centres (70	oo oompa	olou anu	aigneu i	y employ		B. Date of F	a represe Rehire (if a	applicable)
Last Name (Family Name)	First Name	: (Given Nar	ne) Middle Initial Date (mm/			Date (mm/c	(dd/yyyy)		
C. If the employee's previous grant of emp continuing employment authorization in the	loyment auth	orization has ded below.	s expired,	provide ti	ne informa	tion fo	or the docur	nent or re	ceipt that establishes
Document Title		Document Number				Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that the employee presented document(s)	to the best , the docum	of my kno ient(s) I ha	wledge, ve exam	this emp ined app	loyee is a ear to be	genu	rized to w	ork in the relate to	United States, and if the individual.
Signature of Employer or Authorized Repr	Today's Da	Date (mm/dd/yyyy) Name			e of Employer or Authorized Representative				

- Ensure employee's name and citizenship status is entered in the space provided at the top.
- Complete both List B and List C completely.
- Enter employee's first date of employment in space provided, this date should match the epaf.
- Complete employer section with your name and date documents were reviewed, no P.O. boxes or Mail Stops are allowed for the address.
- Section 2 must be completed within 3 business days of hire date.

### Example of Birth Certificate



$\bigcirc$	
A start	CITY OF AUSTIN
NWME:	FILE NO.: 959999-9999
DATE OF BIRTH:	SEX: FEWLE
PLACE OF BIRTH: 1	
FATHER:	NOTHER:
DATE FILED: (	
THE REAL PROPERTY OF	I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health, Bureau of Vita Statistics, from a document officially in its custody. DATE ISSUED ( This copy not wild ustras proposed on engoved border displaying and and signature of Registrat.

- Choose US Birth
   Certificate from the
   drop down box.
- Document/File
   Number is the
   document number.
- Issuing Authority will be the State in the seal.

### Example: Driver's License & Birth Certificate



Employment Eligibility Verification

New Hire

Signature of Employer or Authorized Representative

texas tech university Human Resources

USCIS

- The name and citizenship/ immigration status will auto fill if done at the same time as section 1. If not type in the information.
- Complete List B and C completely.
- Type in the date of hire in space provided, this date should match your epaf date.
- Complete the employer section except for your signature and date "Click to Finish" for the audit feature checking for corrections.
- Print, sign and date section 2.
- Section 2 must be completed within 3 business days from the date of hire.

Section 2. Employer or Auth (Employers or their authorized representa must physically examine one document fr of Acceptable Documents.")	orized Rep live must compl om List A OR a	resen ete and : combina	tative sign Seci tion of or	Revie	w and V hin 3 busin nent from L	<b>/erifi</b> ess da ist B ai	cation ys of the em, nd one docu	oloyee's nent fro	first day of employment. Yo m List C as listed on the "Lis
Employee Info from Section 1 Last Mouse	lame (Family N	ame)		First	Name (Giv	en Nar	ne) N	.I. Ci	itizenship/Immigration Status
List A Identity and Employment Authorizat	OR		Li	st B		A	ND		List C
Document Title	Docu	ment Tit	le				Documen	t Title	inployment Authorization
8/A	Driver	's licens	e issued i	y state/	erritory		W.S. Birth	certific	cate
Issuing Authority	Issuir	g Autho	rity				Issuing A	uthority	
Document Number	Docu	ment Nu	mber				Documen	t Numbe	rnia
R/A	M345	6789					File# 14	6-87-04	7818
Expiration Date (if any)(mm/dd/yyyy) N/A	Expin 11/18	ation Da 1/2020	te (if any,	)(mm/dd	(уууу)		Expiration	Date (il	( any)(mm/dd/yyyy)
Document Title									
Issuing Authority N/A	Add	litional I	nformat	ion					QR Code - Section 2 Do Not Write In This Space
Document Number N/A	1993 (Sec. 1997)								
Expiration Date (if any)(mm/dd/yyyy) N/A									
Document Title									
Issuing Authority II/A									
Document Number									
Expiration Date (if any)(mm/dd/yyyy) N/A									
2ertification: I attest, under penalty of 2) the above-listed document(s) appr mployee is authorized to work in the The employee's first day of employ Signature of Employer or Authorized Repo	of perjury, that ear to be genu United States ment (mm/do esentative	: (1) I ha ine and  // <u>///////</u> : T	09/01	nined the e to the /2020 ate(mp/	employed	ent(s) o nam See <i>ir</i> Title	presented I ed, and (3) nstructions of Employer	by the a to the b s for ex or Autho	above-named employee, best of my knowledge the remptions) orized Representative
ast Name of Firminian or Authorized Represe	ntalian Einet Ma	The of Fr	08 1 :	21/0	USU .	10001	England		
ast	First	and of El	npruyer O	Autofiz	ou represer	netrive <sup>1</sup>	Texas Tex	h Univ	ersity
Employer's Business or Organization Addr	ess (Street Num	ber and	Name)	City o	Town			State	ZIP Code
500 Broadway		s or N	15	Lubbo	ck			TX	79409
ection 3. Reverification a		3 UI N		d siane	i by emple	over o	r authorizer	i renres	sentative )
. New Name (if applicable)		pr				1	B. Date of R	ehire /if	applicable1
ast Name (Family Name)	First Name (G	liven Na	me) Middle Initial Date (m			Date (mm/d	diyyyy)		
. If the employee's previous grant of empl	oyment authoriz	ation ha	s expirec	l, provid	the inform	ation f	or the docum	nent or re	eceipt that establishes
ontinuing employment authorization in the	SDace provided	DBROW							

Today's Date (mm/dd/yyyy)

Name of Employer or Authorized Representative

## Reverifications



- > Departments will receive letters notifying them of 1-9 expirations.
- When a reverification is required, use a new form while only completing section 3 on Form I-9.
- Employee's may present different documents during the reverification process.
- Sections 3A and 3B should be filled with N/A unless there is a name change.
- Handwrite the employee's R# at the top of the page and ensure their name is in the space provided.

## Reverification of EAD

Reverific EAL	ation C	Employmen Departmen U.S. Citizenshi	t Eligibili t of Home p and Imm	ty Verificatio land Security igration Service	n <sub>es</sub> Ro	<u>000 ()</u>	<mark>000</mark>	USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019
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Employee Info from Section 1	Last Nar Weasley	me (Family Name)		First Name (Give Ronald	n Name)	M.I. B	Citizensh	ip/Immigration Status
List A Identity and Employment	Authorizatio	OR	Lis	t B	AND		Employer	List C
Document Title		Document	Title		Do	sument Tit	le	lent Addition2ation
Issuing Authority		Issuing Au	thority		Iss	uing Autho	nîty	
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Document Number								
Expiration Date (if any)(mm/dd/	(1999)						91 10 10	C AN
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/	yyyy)							
Certification: I attest, under (2) the above-listed docume employee is authorized to w	penalty of nt(s) appea ork in the U	perjury, that (1) r to be genuine a Inited States.	have exam and to relate	ined the docume to the employee	nt(s) prese named, ar	nted by t nd (3) to t	the above- he best of	named employee, my knowledge the
The employee's first day o	ofemploym	ent ( <i>mm/dd/yy</i> y	y):	(5	See instru	ctions fo	r exempti	ons)
Signature of Employer or Author	rized Repres	entative	Today's Da	te(mm/dd/yyyy)	Title of Em	ployer or Authorized Representative		
Last Name of Employer or Authoriz	ed Representa	ative First Name of	f Employer or	Authorized Represent	ative Em	ployer's Bi	usiness or C	Organization Name
Employer's Business or Organiz	ation Addres	s (Street Number a	and Name)	City or Town		St	ate ZIF	<sup>o</sup> Code
Section 3. Reverification	n and Rel	hires (To be cor	npleted and	signed by emplo	yer or auti	orized re	presentati	ve.)
A. New Name (if applicable)					B. Da	te of Rehi	re (if applica	able)
Last Name (Family Name)		First Name (Given	Name)	Middle Initi N/A	al Date	(mm/dd/y)	vvv)	
C. If the employee's previous gra continuing employment authorization	ant of employ ation in the s	ment authorization pace provided belo	has expired, w.	provide the informa	ation for the	document	or receipt t	hat establishes
Document Title Employment Auth, Document (For	n I-766)		Docume Encl 2 24	nt Number		Expir	ration Date (	if any) (mm/dd/yyyy)
l attest, under penalty of per the employee presented doc	jury, that to ument(s), th	the best of my line document(s)	nowledge, 1	this employee is ined appear to be	authorized	to work	in the Unit	ed States, and if
Signature of Employer or Afthor	nature	entative Today	s Date (mm/d	d/yyyy) Name 0,2% First	of Employe	r or Author	rized Repres	sentative
U			- /					

 R# handwritten at the top of the page.

- Name entered in the space provided.
- Sections 3A and 3B should contain N/A unless there is a name change.
- Section 3 should be completed signed and dated by you as the employer.

### Reverification of F1 Status



- Place employee's R# and Name at the top of the page.
- Sections 3A and 3B should contain N/A unless there is a name change.
- In order to record all documents needed, please place one document per box.
- Section 3 should be completed signed and dated by you as the employer.

3	Reverificati F1	on E	mploymen Departmen S. Citizenshi	t Eligibi t of Hom p and Inn	lity Verificat eland Security nigration Serv	ion y	Rooo	0 000	o	USCIS Form 1-9 OMB No. 1615-004 Expires 08/31/2019
Section 2. (Employers or I must physically of Acceptable 1	Employer or a their euthorized repri- examine one docum Documents.")	Authorize esentative m nent from Lis	ed Represe not complete a st A OR a comb	entativo nd sigo Seel Instion of or	Review and ion 2 within 3 busi te document from	Verif iteas d List B a	ication ays of the and one d	l employe bournent	o's first day from List C	of employment. You as islad on the "Lis
Employee Info	from Section 1	Last Name	(Family Name)		First Name (Gi	ven Na	moj	ML	Cilizenship	Immigration Status
Idontity and	List A I Employment Auth	orization	OR	Lit	at B	, ,	AND		L	stC
Document Title			Document	Title	THICK		Docur	nont Tala	Employme	nt Authorization
Issuing Authorit	Ŋ		Issuing Authority				lesuin	g Authari	ty	
Document Num	ber		Document Number				Document Number			
Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(men/dd/yyyy)				Expiration Date (If any)(mm/dd/yyyy)			
Document Title										
Insuing Authority	y		Additiona	Additional Information			GR Oods - Sections 2 & 3			
Document Number								11	10 101 9298	in the space
Explication Date	(if any)(mm/ad/yyyy)									
Document Title										
Issuing Authority										
Document Numb	xm		11					-		
Expiration Date (	(f any)(mm/did/yyyy)									
Certification: I 2) the above-lis mployee is au The employee	attest, under pena sted document(s) thorized to work in 's first day of em	appear to b the United ployment (	I finat (1) I i to genuine an d States. (mm/dd/yyyy)	iave exami d to relate J:	ned the docume to the employee	ent(s) p e name See In	resente id, and (i structio	d by the 3) to the	above-nar best of my	med employee, y knowledge the
Signature of Employer or Authorized Representativ			Teday's Data(enev/dd/3999)			Title o	e of Employer or Authorized Representative			
ast Name of Employer or Authorized Representative			First Name of Employer or Authorized Representative			tative	Employer's Business or Organization Name			
mplayer's Busin	ess or Organization	Address (Sta	eet Number an	d Name)	City or Town			State	ZIP Co	de
ection 3. Re	everification an	d Rehires	(To be comp	leted and a	sioned by emplo	war or	authoriz	ed ream	Confetiue 1	
New Name (# e	ppWceble)				grou of enque	E	B. Date of	Rehire Ø	f applicable.)	
Al /o.			iame (Given Ne	ame (Given Name) Miédia Iniliai			Date (mm/dd/yyy)			
If the employee	8 previous grant of e	mplayment	A / A	as expired a	rovide the informa	ation for	the down	N/A	accial that	s labiliti
nlinuing employr	ment authorization in	the space p	rovided below.				the second	er action to a l	ecopt ditt	ostablistics
533321	329 0	P. D 3	Duzs	# Noo	Number IF - 133(56	120	2022	Expiration	Date (Fan	8062 D/2
employee pre	sented document	at to the b	est of my kno	wledge, th	is employee is a	author	zed to v	vork in ti	he United S	States, and if
malue of Emple	over of Authorized R	AUL	Today's D	ale pavada	Vyyy) Name o	of Empl	ine and t loyer or A	o relate	to the Indi Represent	vidual. ative
pour	21.1.		1 05/	11/30	21 Las	Sta	Firs	-		

### Reverification of J1 Status



- Place employee's R# and Name at the top of the page.
- Sections 3A and 3B should contain N/A unless there is a name change.
- In order to record all documents needed, please place one document per box.
- Section 3 should be completed signed and dated by you as the employer.

	Reverification J1	Employmer Departmer U.S. Citizenst	nt Eligibility V nt of Homeland ip and Immigra	Verification Security tion Services	Roose	6000	USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019	
Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. Your must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."								
Employee Info	from Section 1	Grainger	Fire	Her MID	ame) M.L.	Citizenshi	p/Immigration Status	
Identity and	Employment Authoriza	ion OR U	List B Identity		AND	Employm	list C	
Document Title		Documen	t Title		Document Tit	le	ent Authorization	
Issuing Authorit	у	Issuing A	uthority		Issuing Authority			
Document Num	ber	Documen	t Number		Document Number			
Expiration Date	(if any)(mm/dd/yyyy)	Expiration	Date (If any)(mm/d	d/yyyy)	Expiration Date (if any)(mm/dd/yyyy)			
Document Title								
Issuing Authority	y	Addition	al Information		QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Num	ber	100						
Expiration Date	(if any)(mm/dd/yyyy)	100						
Document Title								
Issuing Authority	1	2000						
Document Numb	ber							
Expiration Date	(if any)(mm/dd/yyyy)							
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 a subhorized to work in the IL-inted States.								
The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptione)								
Signature of Emp	oloyer or Authorized Repre	sentative	Today's Date(mm	v(dd/yyyy) Title	of Employer or A	uthorized Re	apresentative	
Last Name of Emp	loyer or Authorized Represer	tative First Name of	f Employer or Authori	zed Representative	Employer's Bu	siness or Or	ganization Name	
Employer's Busin	ess or Organization Addre	ss (Street Number a	and Name) City of	ar Town	Sta	te ZIP	Code	
Section 3. R	everification and R	hires (To be cor	npleted and signe	d by employer	ar euthorized re-	montoti		
A. New Name (if	applicable)		Protes and algre	a by employer	B. Date of Rehin	if anolicati	2.) (e)	
Last Name (Fam	ly Name)	First Name (Given	Name)	Middle Initial	Date (mm/dd/ay	(y)		
C. Killer servel	N/IX	NA		NA	N/A	-		
continuing employee	ment authorization in the	yment authorization space provided belo	has expired, provid w.	e the information	for the document	or receipt the	at establishes	
Document Title	passport Un	ited Kingdom	Document Nur	nber DS-2	019 Expira	tion Date /if	anv) (mm/dd/www	
#133456789 exp C9 19 2027 #N Oco1334567 193 2027 F44 a13344.789 193 attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if								
Signature of Empl	over or Authorized Repre-	ine document(s) I	Date (mm/dd/yyyy	Name of Er	uine and to rela	te to the in ted Represe	dividual.	
- Aci	no mappa		spill and		mployee	Nam	e	

### Documenting a Receipt



Texas tech university Human Resources

Acceptable receipt examples would include:		Example Social Security Administration Important Information		
An and a state source and a state of a state	Social Security card replacement receipt.	Brock Becurity Advancements     Bock Becurity Advancement		
Identification Card				

### When the employee provides an acceptable receipt:

- Record the document title in Section 2 of Form I-9
  - 2. Write the word "receipt" and its document number in the "Document #" space.

### When the employee presents the actual document:

- I. Cross out the word "receipt" and any accompanying document number
- Insert the number from the actual document presented
- 3. Initial and date the change.

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### Completing Form I-9 for Off Campus Employees



### How to hire an employee who will work off campus.

- Contact HR Comp & Ops with the zip code of the employee's location.
- We will provide the contact information of an HR professional to be given to the employee.
- > The employee will complete section 1.
- The HR professional will complete section 2 including the verification of the documents.
- The completed I-9 with the supporting documents should be sent to the hiring department in a timely manner to process the E-Verify Case.





- > E-Verify is now mandatory for all new hire employees.
- Is possible some existing employees (hired before E-Verify) might need to have an E-Verify case. If your employee will be compensated by Federal Contract Funds with the FAR clause you will be notified to create a case for them.
- The Office of Research Accounting (ORA) will contact you if an employee of yours needs an E-Verify case to be created. #742-3915

### **Document Reminders**



### A few document reminders:

- > All documents must be unexpired.
- You must verify the actual document, copies and faxes are not acceptable.
- Metal or plastic reproductions of a social security card are not acceptable.
- Some documents such as social security cards and birth certificates do not contain expiration dates and should be treated as unexpired typing in N/A.
### Avoiding Common Errors



- □ If anyone other than the employee enters any data in Section 1, be sure they complete the preparer certification.
- Employee and employer must follow the **One Day and Three Day Rule**.
- Complete List A using the passport date, **do not** use the visa page.
- Do not use copies or faxes to complete the I-9, use original documents only.
- Foreign passports commonly list dates as day-mo-yr. The I-9 requires the date format to be mo-day-yr.
- When documenting SS cards, look at the issuing authority stamp in the background of the SS card.
- There must be a physical address listed for Texas Tech no PO Boxes or Mail Stops.

### Correcting Errors



- Draw a single line through the incorrect information.
- Date and initial by person making the correction.
- Never use white out or completely black out incorrect information.
- □ Write missing information or correct information nearby.

Never backdate.

#### Penalties



#### **Civil Fines and Criminal Penalties for Form I-9 Violations**

Civil Violations	First Offense		Second	Offense	Third Offense		
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	
Hiring or continuing to employ a person, or recruiting or referring for a fee, knowing that the person is not authorized to work in the United States.	\$375 for each worker.	\$3,200 for each worker.	00 for \$3,200 for each worker. \$6,500 for worker.		\$4,300 for each worker.	\$16,000 for each worker.	
Failing to comply with Form I-9 requirements.	\$110 for each form.	\$1,100 for each form.	\$110 for each form.	\$1,100 for each form.	\$110 for each form.	\$1,100 for each form.	
Committing or participating in document fraud.	\$375 for each worker.	\$3,200 for each worker.	\$3,200 for each worker.	\$6,500 for each worker.	\$3,200 for each worker.	\$6,500 for each worker.	
Committing document abuse.	\$110 per violation.	\$1,100 per violation.	\$110 per violation.	\$1,100 per violation.	\$110 per violation.	\$1,100 per violation.	
Unlawful discrimination against an employment- authorized individual in hiring, firing, or recruitment or referral for a fee.	\$375 per violation.	\$3,200 per violation.	\$3,200 per violation.	\$6,500 per violation.	\$4,300 per violation.	\$16,000 per violation.	
Asking an employee for money of United States, also called an ind	guaranteeing th emnity bond.	at the employee	is authorized to	o work in the	<ul> <li>Pay \$1,100 for employee pain employer.</li> <li>Refund the end amount of the employee can this refund with Treasury.</li> </ul>	or each bond the id to the mployee the full > bond. If the nnot be found, II go to the U.S.	
Criminal Violations	First C	Offense	Second	Offense	Third (	Offense	
Engaging in a pattern or practice of hiring, recruiting or referring for a fee unauthorized aliens.	<ul> <li>Up to \$3, unauthor</li> <li>Up to 6 m prison for</li> </ul>	<ul> <li>First Offense</li> <li>Up to \$3,000 for each unauthorized alien.</li> <li>Up to 6 months in prison for the entire</li> </ul>		000 for each ized alien. nonths in r the entire r practice.	<ul> <li>Up to \$3,000 for each unauthorized alien.</li> <li>Up to 6 months in prison for the entire pattern or practice.</li> </ul>		

### Unique Situations/Contact Information



TEXAS TECH UNIVERSITY Human Resources

If you have a situation that does not fall into one of the scenarios addressed in this presentation or if you have any questions at all, please contact

#### Human Resources Comp and Ops

for assistance

before you submit the 1-9 packet or process an E-Verify® case.

Human Resources Comp & Ops 742-3851 <u>hrs.compensation.operations@ttu.edu</u>

#### Practice- Unexpired Passport



TEXAS TECH UNIVERSITY Human Resources

Jane Smith has filled out section 1 of the Form I-9. She has presented an unexpired United States Passport as her document of choice. Please fill in Section 2 of the Form I-9.

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services								USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019	
► START HERE: Read instructions during completion of this form. Empl ANTI-DISCRIMINATION NOTICE: document(s) an employee may pre an individual because the document	carefully oyers are It is illeg sent to e ntation pr	before of liable for gal to dis stablish resented	completing this or errors in the criminate ag employment has a future	is form. e comple ainst wo t authori e expirat	The instru- tion of th ork-autho ization ar ion date	uctions must b is form. rized individua id identity. The may also cons	e availab als. Emp e refusa stitute ille	le, either ir loyers CA I to hire or egal discri	paper or electronically, NNOT specify which continue to employ mination.
Section 1. Employee Inform	nation	and A	ttestation	(Emplo	yees mu	st complete ar	nd sign \$	Section 1 d	of Form I-9 no later
Last Name (Family Name) Smith	UR HOL	First Nar Jane	ne (Given Nan	nej	Treeses.	Middle Initial	Other	Last Name	s Used (if any)
Address (Street Number and Name) 678 Buddy Holly			Apt. Number 25	City of Lubbo	or Town			State TX	ZIP Code 79409
Date of Birth (mm/dd/yyyy) U.S. S 09/07/2001	3 - 4 5	rity Num	ber Emple	oyee's E-	mail Addr	ess	1	Employee's	Telephone Number
attest, under penalty of perjury, 21. A clitzen of the United States 2. A noncitizen national of the Unite 3. A lawful permanent resident (u) 4. An allen authorized to work un Some allens may write "NA" in I Allers authorized to work must provid An Allen Registration Number/USCIS	that I ar ad States Alien Regi til (expirat he expirat e only one Number ( Number:	(See Insi (See Insi istration I tion date of the fc DR Form	k one of the Inuctions) Number/USCIS If applicable, i field. (See insi Nowing docum I-94 Admission	followi S Numbe mm/dd/y tructions, nent num n Numbe	ng boxe	s): /A/A mplete Form I-5 ign Passport M	 I: umber:	Dx	QR Code - Section 1 Not Write In This Space
OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: N/A Country of Issuance: N/A	///////////////////////////////////////					- - -			
Signature of Employee	Øm	ith				Today's Dat	B (mm/d)	d/yyyy) 2020	
Preparer and/or Translator I did not use a preparer or translator Fields below must be completed a attest, under penalty of perjury, nowledge the information is tru Signature of Preparer or Translator	Certifie Ind signed that I ha and co	cation A prepare d when we assi rrect.	(check or er(s) and/or tra preparers an sted in the c	ne): nslator(s) d/or trai complet	) assisted Islators a tion of S	the employee in ssist an empl ection 1 of th	completi oyee in is form Today's	ng Section completing and that Date (mm/	1. 7 Section 1.) to the best of my
ast Name (Family Name)					First Name	ə (Given Name)			
Address (Street Number and Name)				City or T	own			State	ZIP Code

United States Passport

Number:1234567 Name: Smith, Jane E DOB 09/07/2001

Valid Dates: 09/07/2019 to 09/07/2028

Date of hire: 09/01/2020

#### Practice-Passport Solution



texas tech university Human Resources<sup>-</sup>

	En E U.S.	ployme epartme Citizens	nt Eligibil nt of Home hip and Imm	ity Ve land : nigrati	erification Security on Servic	es	_		USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019
Section 2. Employer or (Employers or their authorized rep must physically examine one doct of Acceptable Documents.")	Authorize presentative mu ument from List	d Repre st complete A OR a con	sentative I and sign Secti nbination of on	Revie on 2 wi e docur	w and V thin 3 busin nent from Li	erific ess day ist B an	cation rs of the emp d one docun	loyee's fi tent from	rst day of employment. You List C as listed on the "Lis
Employee Info from Section 1	Last Name (F Smith	amily Nam	e)	First Jane	Name (Give	n Nam	е) M. в	I. Citiz 1	enship/Immigration Status
List A Identity and Employment Au	thorization	DR	Lis	st B ntity		A	ND	Em	List C
Document Title		Docume	nt Title				Document	Title	Noyment Autorization
U.S. Passport Issuing Authority U.S. Department of State		N/A Issuing /	Authority				Issuing Au	thority	
Document Number 1234567	1	Docume N/A	nt Number				Document	Number	
Expiration Date (if any)(mm/dd/yy 09/07/2028	999)	Expiratio N/A	n Date (if any)	(mm/dd	(1999)		Expiration	Date (if a	ny)(mm/dd/yyyy)
Document Title									
Issuing Authority N/A		Additio	onal Informati	on				Dt	QR Code - Section 2 Not Write In This Space
Document Number									
Expiration Date (if any)(mm/dd/yy N/A	yy)								202.5
Document Title N/A									
Issuing Authority N/A									
Document Number N/A									
Expiration Date (if any)(mm/dd/yy	(22)								
Certification: I attest, under p (2) the above-listed document employee is authorized to wor The employee's first day of	enalty of perju (s) appear to t k in the Unite employment	ury, that (1 be genuine d States. (mm/dd/y)	) I have exam and to relate (yyy): <u>09/01</u>	ined ti to the	employee	ent(s) p e name See in	oresented t ed, and (3) t structions	by the ab to the be for exe	ove-named employee, st of my knowledge th mptions)
Signature of Employer or Authoriz Vaux Sig	ed Representat Maturl	ive	Today's Da	ite(mm) 31/2	6d/yyyy) 0 <b>20</b>	Title (	of Employer	or Author	ized Representative
Last Name of Employer or Authorized Signature	Representative	First Name Your	e of Employer or	Authoriz	ed Represen	tative	Employer's Texas Tec	Busines	s or Organization Name
Employer's Business or Organizat 2500 Broadway	ion Address (St	reet Numbe	r and Name)	City o	r Town ck			State TX	ZIP Code 79409
Section 3. Reverification	and Rehire	s (To be c	ompleted and	l signe	d by emplo	over or	authorized	l represe	ntative.)
A. New Name (if applicable)							B. Date of R	ehire (if a	pplicable)
Last Name (Family Name)	First	Name (Give	m Name)		Middle Init	ial	Date (mm/d	(5000)	
C. If the employee's previous grant continuing employment authorizati	of employment on in the space	authorizati	on has expired	provid	e the inform	ation fo	or the docum	ent or rec	eipt that establishes
Document Title			Docume	ent Nun	nber		E	xpiration [	Date (if any) (mm/dd/yyyy)
attest, under penalty of perju the employee presented docur	ry, that to the ment(s), the do	best of my ocument(s	knowledge, ) I have exam	this er ined a	nployee is ppear to b	autho	rized to wo	rk in the	United States, and if the individual
Signature of Employer or Authorize	ed Representati	ve Toda	y's Date (mm/d	id/yyyy,	Name	of Em	ployer or Aut	horized F	epresentative

### Practice-F1 Visa

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019



Jack Smith has filled out Section I. He has presented an unexpired foreign passport, an I-20, and an I-94 as his documents of choice. Please fill in Section 2 of the Form I-9.



Address (Street Number and Name)

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronical
during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute liegal discrimination.

an marriadal becouse the a	ocumentation p	resented	u nas a	i iuture e	xpiration date	may also consi	itute i	legal discri	mination.
Section 1. Employee than the first day of employee	Information syment, but not	and A	ttest	ation (E	Employees mu offer.)	st complete an	d sign	Section 1 of	of Form I-9 no later
Last Name (Family Name)		First Na	me (Giv	en Name)	)	Middle Initial	Othe	r Last Name	s Used (if any)
Smith Jack						к	N/A		
Address (Street Number and N	lame)		Apt. N	umber	City or Town			State	ZIP Code
123 University			N/A		Lubback			TX	79409
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	urity Num	iber	Employ	e's E-mail Add	ess		Employee's	Telephone Number
04/09/1999	123 4	5 6	7 8 9	N/A				N/A	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following	ng boxes):	
1. A citizen of the United States		
2. A noncitizen national of the United States (See instructions)		
3. A lawful permanent resident (Alien Registration Number/USCIS Number)	r): N/A	
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yy Some aliens may write "N/A" in the expiration date field. (See instructions)	yyy): 12/16/2024	
Aliens authorized to work must provide only one of the following document numb An Alien Registration Number/USCIS Number OR Form I-94 Admission Number	bers to complete Form I-9: If OR Code - Section 1 Do Not Write In This Spo OR Foreign Passport Number.	sce
1. Alien Registration Number/USCIS Number: N/A		
2. Form I-94 Admission Number: 98765432101	64 <sup>2</sup> 2	
3. Foreign Passport Number: N/A	E DAMAGE DAY	
Country of Issuance: N/A		
Signature of Employee Ante Smith	Today's Date minuted yyuh 20 20	
Preparer and/or Translator Certification (check one):		
I did not use a preparer or translator. A preparer(s) and/or translator(s) (Fields below must be completed and signed when preparers and/or trans	assisted the employee in completing Section 1.	
I attest, under penalty of perjury, that I have assisted in the completi knowledge the information is true and correct.	tion of Section 1 of this form and that to the best of	my
Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)	
Last Name (Family Name) F	First Name (Given Name)	

City or Town

State ZIP Code

Foreign Passport Country: Australia Number: 1234567 Name: Smith, Jack K DOB: 04/09/1999 Valid Dates: 04/09/2019 to 04/09/2032

#### **I-94**

Number: 98765432101 Name: Smith, Jack K Country of Citizenship: Australia Expiration date: D/S

#### I-20

Number: N0034567 Name: Smith, Jack K Program Sponsor: TTU **Valid Dates**: 01/01/2016 to 12/16/2024

Date of hire: 09/01/2020

#### Practice- F1 Solution



TEXAS TECH UNIVERSITY Human Resources<sup>-</sup>

8	F U.	mployment Department S. Citizenshij	ployment Eligibility Verification epartment of Homeland Security Citizenship and Immigration Services						USCIS Form 1-9 OMB No. 1615-004 Expires 08/31/2019
Section 2. Employer or (Employers or their authorized rep must physically examine one doct of Acceptable Documents.")	Authoriz	ed Represe nust complete an st A OR a combi	entative ad sign Sect ination of or	Review ion 2 within ne docume	n 3 busines nt from Lis	erifications and and one	he emplo docume	yee's I nt fron	lirst day of employment. Yo I List C as listed on the "Lis
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# **E-Verify**

Effective September 1, 2015



#### texas tech university Human Resources

#### What is E-Verify<sub>®</sub>?

E-Verify<sub>®</sub> is an electronic system that verifies the employment eligibility of:

- Newly hired employees
- Existing Employees assigned to work on a qualifying federal contract

E-Verify $_{\mathbb{R}}$  is a FREE web-based service provided by the Federal Government that is FAST and EASY to use.

Effective 09/01/2015, Governor Greg Abbot signed legislation that requires all State of Texas Agencies to use the Federal E-Verify System for all new employees.



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#### $\textbf{E-Verify}_{\mathbb{R}}$ is not.....

- A system that provides immigration status
- Used for prescreening
- A safe harbor from worksite enforcement



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## Performance





## I-9 Process with E-Verify

I-9 Process	I-9 Process with E-Verify
Employee completes Form I-9,	<ul> <li>Employee must include SSN when completing Form I-9, Section 1.</li> </ul>
Section 1.	<ul> <li>If the employee has not been issued his SSN, complete Form I-9 as usual and attach a memo to Form I-9 indicating the reason for the delay in creating the case in E-Verify.</li> </ul>
	<ul> <li>If employee provides email address, employer MUST enter it into E-Verify.</li> </ul>
Employee chooses which	<ul> <li>Employee chooses which acceptable document(s) to present.</li> </ul>
acceptable document(s) to present.	<ul> <li>If a List B document is chosen, it MUST contain a photograph.</li> </ul>
p	<ul> <li>If an employee chooses to provide a photo matching document, the employer must make a photo copy and retain with the Form I-9.</li> </ul>
Employer completes Form I-9, Section 2.	Employer completes Form I-9 Section 2.
If necessary, employer updates or re-verifies employee's work eligibility in Section 3.	<ul> <li>E-Verify Case Status will prompt employer to update or reverify in Section 3 or Form I- 9. However, a case should NOT be created in E-Verify.</li> </ul>

NOTE: All documents must be unexpired. Names should appear on Form I-9 exactly as they appear on documents. No nicknames should be used.



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## When to Verify?

You must enter Form I-9 information into E-Verify<sub>®</sub> for all newly hired employees no **later than the third business day after the employees' first day for pay.** 

This should take place immediately after completing section 2 of the Form I-9 while the employee is still present.





- You must have a Social Security number to process an E-Verify<sub>®</sub> case.
- An E-Verify<sub>®</sub> case must be completed by the third business day after date of hire.
- Communication within departments about your hiring process will be the most proactive step to staying compliant.
- HR will revoke E-Verify<sub>®</sub> access if you are found to be continually out of compliance.



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### How does E-Verify<sub>®</sub> work?

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### Creating an $\operatorname{E-Verify}_{\mathbb{R}}$ Case



"E-Verify." USCIS. Web. Dec 2016



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- Complete the fields with asterisks only.
- Enter e-mail address if employee provides one.

EVe	rify					Welcon Gina Meur	ne C er Texas Tech Un	Company I <b>lversity</b>	User ID GMEU4626
🖀 HOME	CASES -	PROFILE -	COMPANY -	REPORTS -	RESOURCES -				LOG OUT 🕞
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- Type in the attestation chosen in section 1 of the Form I-9.
- This choice will determine your next page.

<b>E-Verify</b>	Welcome Gina Meurer	Company Texas Tech University	User ID GMEU4626
HOME CASES - PROFILE - COMPANY - REPORTS - RESOURCES -			LOG OUT 🖨
Verify Employee         Enter Form I-9 Information       Verification Results       Close Case         What citizenship status: A status did the employee choose in Section 1 of Form I-9? ?       Image: Close Case         e United States       Image: Close Case         Image: Close Case       Image: Close Case			
A lawful permanent resident     An alien authorized to work  Back Continue			



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- Type in the documents that were presented.
- Specifically choose document titles.





- Choose which of the 2 documents were presented.
- Choose the issuing authority from the drop down box.

<b>E</b> Verify	Welcome Gina Meurer	Company Texas Tech University	User ID GMEU4626
A HOME CASES → PROFILE → COMPANY → REPORTS → RESOURCES →			LOG OUT 🕩
Verify Employee   Enter Form 1-9 Information   Verification Results   Close Case   Select the document name and state, then click Continue. * - required * Document Name ? • Driver's license • Driver's license • Document State ? Texas			
Back Continue			



- Type in the documents expiration date and hire date.
- Verify that your data entry is correct.

Verify		Gina	Welcome Meurer	Company Texas Tech University	Us GMEU4
OME CASES - PROFILE - COMPA	NY - REPORTS -	RESOURCES -			LOG OU
Verify Employee Enter Form I-9 Information Verification	Results Close C	Case	5		
Click any <sup>(2)</sup> for help.	First Name Social Security Number	Middle Initial 	Other Names U  Employee's Em	sed all Address	
September 17, 1966 Citizenship Status A citizen of the United States	*** **				
Document Type Driver's license or ID card issued by a U.S. state or outlying possession	Document Name Driver's license		Document State Texas	3	
Document Expiration Date      D9-Set      17      2023      This document has no expiration      date					
Hire Date      2     12-Dec      01      2016	Employer Case ID 🔞				
	Back	Continue			



#### **E-Verify® Case Result**

• Print the case results to be uploaded to the ePAF.

Verify Employee Employee N	ame Case Verificati 20163331137	on Number D5ZM		🖶 View/Print Case Details
Enter Form I-9 Information				
Case Closed				
Employment Authorized				
You have closed case 2016333113705ZM. Record this	case verification number on the e	employee's Form I-9 or p	print the case details and keep or	n file.
Last Name	First Name	Middle Initial	Other Names Used	
Date of Birth September 17, 1966	Social Security Number		Employee's Email Address	
Citizenship Status A citizen of the United States				
Document Type Driver's license or ID card issued by a U.S. state or outlying possession	Document Name Driver's license		Document State Texas	
Document Expiration Date September 17, 2023				
Hire Date December 01, 2016	Employer Case ID			
Submitted By Meurer, Gina	Submitted On November 28, 2016			
E-Verify Home New Case				



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### **Initial Results**

#### Initial verification will return one of three results in just seconds.

Employment Authorized	Tentative Nonconfirmation	DHS Verification in Process
		DHS will usually respond within 24 hours with either:
The employee is authorized to work.	There is an information mismatch.	Employment Authorized or
		DHS Tentative Nonconfirmation



#### What is a Tentative Nonconfirmation (TNC)?

A TNC means that information from an employee's Form I-9 did not match government databases.

**<u>Note</u>**: It may not mean an employee is unauthorized to work or is present in the United States unlawfully. There are legitimate reasons why an employee may receive this result.

#### Common reasons for TNCs:

- Social Security number (SSN) does not match
- Identification document could not be verified
- Citizenship or immigration status changed
- Name change was not reported
- Name entered on I-9 is different than recorded in government databases
- Information was not entered correctly in E-Verify



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#### Handling a TNC

- Employers should print the TNC Further Action Notice and review it with the employee promptly and privately.
- Employees have the right to contest or not contest a TNC.
- Employees who choose to contest should be provided the Referral Date Confirmation.

Both the TNC Further Action Notice & Referral Date Confirmation are available in 18 languages: Foreign Language Resources

CONTEST	NOT CONTEST
Employer <b>refers</b> employee to appropriate agency.	Employer may terminate the employee and close the case in E-Verify.





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### **Results after TNC**

You should check  $\textsc{E-Verify}_{\mbox{\tiny (I\!\!\!\ )}}$  periodically for one of the following





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### **Check Status of a TNC**





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#### Handling a TNC Employee Rights

- The employee has eight federal government workdays from the referral date to visit or call the appropriate agency to start to resolve the discrepancy.
- The employee continues to work during the TNC resolution process.
- Federal law prohibits employers from terminating employment of an employee because of an interim case result until the TNC becomes a Final Nonconfirmation.





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E-Vc Employment Eligib Click any @ for hel	Page 1 of 1	Employment Eligibilit Click any @ for help	y Verification Welcome User To Last Login Gina Meuror User To Last Login GMELV4626 10:05 AM - 03/07/2016 Log
Home Wy Cases New Case View Cases Search Cases Wy Profile Edit Profile Change Password Change Security Questions	Case Verification Number Case Verification Num	Home My Cases New Case View Cases Search Cases My Profile Edit Profile Change Password Change Security	Case Verification Number Enter Form I-9 Information Select the appropriate statement and click Continue. • The employee continues to work for the employer after receiving an Employment Authorized result. • The case is invalid because another case with the same data already exists.
y Company dit Company Profile di New User iew Existing Users lose Company cocount y Reports y Resources ew Essential esources ake Tutorial ew User Manual hare Ideas	Back Continue	Uniestions My Company Edit Company Profile Add New User View Existing Users Close Company Account My Reports View Reports My Resources View Essential Resources Take Tutorial View User Manual	Back Continue

- To complete the verification process, the case must be closed.
- Answer the 1<sup>st</sup> question with "yes" if the employee is or will be working.
- Select the appropriate statement that the "Employee continues to work for the employer after receiving an Employment Authorized result".

"E-Verify." USCIA. Web Mar 2016



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<b>Closing a</b>	Case	cont.
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Enployment Eligibil Click any @ for help	Page 1 of 1	E-Veri Employment Eligibility V Click any @ for help	Page 1 of 1
Home My Cases New Cases Search Cases Search Cases My Profile Edit Profile Edit Profile Change Password Change Password Change Password Change Password Change Password Change Password Edit Company Profile Add New User View Existing Users Close Company Account My Reports View Reports View Reports View Reports View Resources View Sesential Resources Take Tutorial View User Manual Share Ideas	Case Verification Number         Enter Form 1-9       Information         Is name of employee       currently employed with this company?          Select yes or no and click Continue.         Yes         Is No	Home My Cases New Case View Cases Search Cases Search Cases Search Cases Search Cases My Profile Edit Profile Change Password Change Security Questions My Company Edit Company Profile Add New User View Existing Users Close Company Account My Reports View Reports My Resources View Essential Resources Take Tutorial View User Manual Share Ideas Contact Us	Continue      Continue
Contact Us U.S. Department of Homel	and Security - www.dhs.gov U.S. Citizenship and Immigration Services - www.uscis.gov Enable Permanent Tontlins, Accessibility, Download Viewers	U.S. Department of Homeland S	ecurity - www.dhs.gov U.S. Citizenship and Immigration Services - www.uscis.gov Enable Permanent Tooltips Accessibility Download Viewers

- Answer the 1<sup>st</sup> question with "no" if you have made a mistake.
- Select the appropriate statement based on the particular case.





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## What is myE-Verify

myE-Verify is a new, web-based free service for employees to

participate in the E-Verify process.

- Confirm your work eligibility
- Create a myE-Verify account
- Protect your identity
- Learn about your rights





- > The department must handle the I-9 in person online and then complete the E-Verify $_{\mathbb{R}}$  case.
- Once the I-9 is completed immediately process the E-Verify<sub>®</sub> case and print the case results.
- Upload the I-9, supporting documentation, and the E-Verify<sub>®</sub> case results to the Epaf for approval.
- No Epaf's will be approved without a completed Form I-9 and E-Verify<sub>®</sub> results.





- Once granted access to E-Verify<sub>®</sub> you will need to take several tutorials before you begin your first case.
- When you have completed your tutorials and passed the tests there will be a certificate at the end- please print this off and sign it.
- You can always go back to tutorials for reference if you get stuck. You will not need to take the tests again.



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#### Required Posters – Must Be Visible to **Prospective Employees**



Security (DHS), with information from each new employee's Form 1-9 to confirm work authorization

are suthorized to work, this employer is required to give you written endbuctions and an opportunity to contact DHS and/or the SSA before taking adverse action against you. including terminating your employment.

Employers may not use E-Venity to pre-scheen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

E-Verify Works for Everyone

For more information on E-Venify, please contact DHS.

888-897-7781

www.dhs.gov/E-Verify

photograph appearing on some permanent recident cards. employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks. IMPORTANT. If the Government connect confirm that you data from driver's licenses and identification cards issued by some states

> If you believe that your employer has violated its responsibilities under this program or has discriminated adsingt you during the employment eligibility verification process based upon your national origin or citizenship status please call the Office of Special Counsel at 800-255-7688. 800-237-2515 (TDD) or at www.justice.gov/ort/osc

> > NOTICE:



For assistance in your own language If you have the legal right to Employers cannot terminate you work in the United States, there are Phone: 1 800 755 7638 or because of E-Verify without giving (202) 616-3594 you an opportunity to resolve the

IF YOU HAVE THE RIGHT TO WORK.

Don't let anyone take it away.

laws to protect you against discrimination in the workplace. You should know that -

of your national origin or

documents.

ritizenship status or refuse to

accept your legally acceptable

· Employers cannot reject documents

because they have a future expiration date.

· In most cases, employers cannot require you to be a U.S. ratizen or · In most cases, employers cannot a lawful permanent resident. deny you a job or fire you because

problem

If any of these things have happened to you, contact the Office of Special Counsel (OSC)

For the hearing impaired

TTY 1-800-237-2515 or (202) 616-5525

Or write to U.S. Department of Justice - CRT Office of Special Counsel - NYA 950 Permsylvania Ave., NW Washington DC 20530

U.S. Department of Justice **Civil Rights Distsion** 

Office of Special Counsel for Immigration-Related Unfair **Employment Practices** 

E-mail oscertillusdoj pov

www.justice.gov/crt/about/osr

### Helpful Websites/ links



- <u>http://www.cbp.gov/i94</u> to print I-94
- http://www.uscis.gov/I-9Central
   Form I-9
- <u>http://www.dhs.gov/E-Verify</u>
   <u>Video: E-Verify How to Create a Case</u>
- http://www.uscis.gov/SelfCheck
- Human Resources Comp & Ops 742-3851 <u>hrs.compensation.operations@ttu.edu</u>
## E-Verify<sub>®</sub>



TEXAS TECH UNIVERSITY Human Resources



## E-Verify<sub>®</sub>



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Please take a moment to fill out your evaluation. We appreciate your feedback!

