



TEXAS TECH UNIVERSITY
Human Resources™



COMPLETING FORM I-9

AGENDA

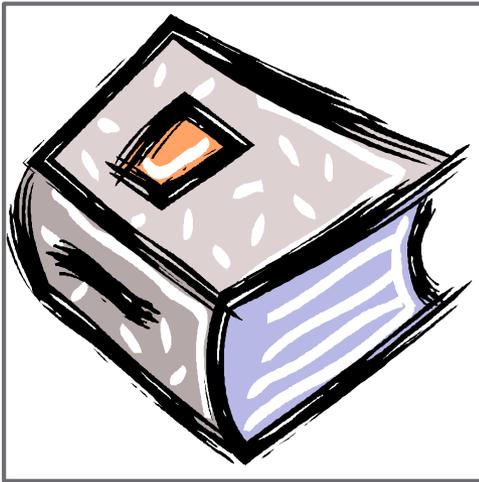


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- I-9 Process
- Acceptable Documents for I-9
- I-9 Examples
- Using Document Receipts
- Reverifications
- Avoiding and Correcting Errors
- Penalties
- Practice



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.

List A

documents show both identity & employment authorization

OR

List B

documents Show ONLY identity & must have a photograph

AND

List C

documents show ONLY employment authorization

Acceptable Documents continued



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- 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



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Log onto <https://www.uscis.gov/i9>

Download this form to your desktop for easy access.

efresh Go <https://www.uscis.gov/i-9>

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FORMS

I-9, Employment Eligibility Verification

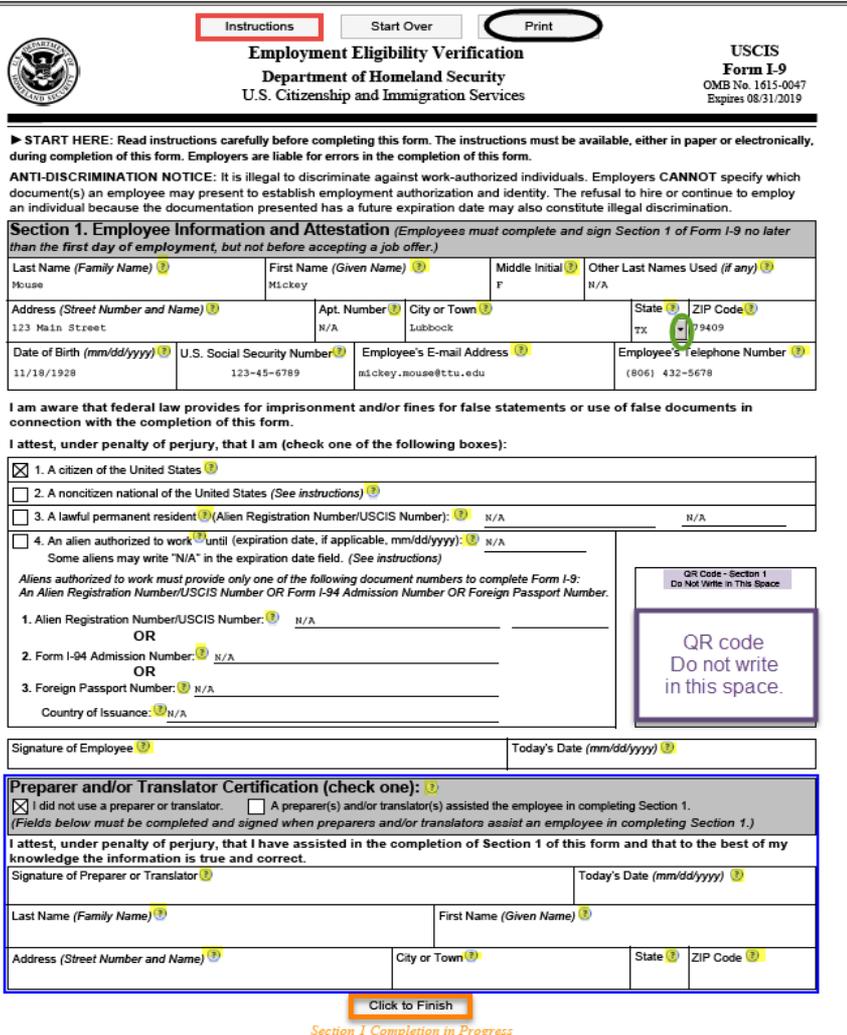
Most Searched Forms

- Apply for Citizenship (Form N-400)
- Apply for a Green Card (Form I-485)
- Help My Relative Immigrate (Form I-130)
- Apply for Employment Authorization (Form I-765)
- Affidavit of Support (Form I-864)
- Employment Eligibility Verification (Form I-9)
- Apply for a Travel Document (Form I-131)
- Remove Conditions on a Green Card through Marriage (Form I-751)

- Form I-9 (PDF, 535 KB)**
- Form I-9 Paper Version (This version is unfillable and must be printed for completion on paper only.) (PDF, 73 KB)
- Form I-9 in Spanish (May be filled out by employers and employees in Puerto Rico ONLY) (PDF, 421 KB)
- Instructions for Form I-9 in Spanish (PDF, 322 KB)
- Instructions for Form I-9 (PDF, 565 KB) (PDF, 565 KB)
- Form I-9 Supplement, Section 1 Preparer and/or Translator Certification (PDF, 816 KB) (PDF, 816 KB)
- Form I-9 (03/08/13 edition. This is a previous edition of this form. Do not use after 01/21/17) (PDF, 469 KB)
- Form I-9 in Spanish (03/08/13 edition. This is a previous edition of this form. Do not use after 01/21/17) (May be filled out by employers and employees in Puerto Rico ONLY) (PDF, 314 KB)
- M-274, Handbook for Employers, Guidance for Completing Form I-9 (This handbook will be updated soon; refer to the Form Instructions for the most up-to-date information.) (PDF, 2.14 MB)

- USCIS Revises Form I-9, Used for All New Hires in U.S.
- I-9 Central
- E-Verify
- Effects of Invalid Puerto Rico Birth Certificates on the Form I-9 Process

Form I-9 Section 1



The screenshot shows the Form I-9 Section 1 interface. At the top, there are buttons for 'Instructions', 'Start Over', and 'Print'. The title is 'Employment Eligibility Verification' from the Department of Homeland Security, USCIS. The form number is 'Form I-9' with OMB No. 1615-0047 and an expiration date of 08/31/2019. A red box highlights the 'Instructions' button, and a blue circle highlights the 'Print' button. The form contains a 'START HERE' instruction, an 'ANTI-DISCRIMINATION NOTICE', and 'Section 1. Employee Information and Attestation'. The form is filled out with the following data: Last Name: Mouse, First Name: Mickey, Middle Initial: F, Other Last Names Used: N/A, Address: 123 Main Street, Apt. Number: N/A, City or Town: Lubbock, State: TX, ZIP Code: 79409, Date of Birth: 11/18/1928, U.S. Social Security Number: 123-45-6789, Employee's E-mail Address: mickey.mouse@ttu.edu, Employee's Telephone Number: (806) 432-5678. Below the form, there is a 'Signature of Employee' field and a 'Today's Date' field. A QR code is visible in a box labeled 'QR Code - Section 1 Do Not Write in This Space'. At the bottom, there is a 'Preparer and/or Translator Certification' section with a 'Click to Finish' button and the text 'Section 1 Completion in Progress'.

- 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

[Instructions](#) [Start Over](#) [Print](#)

 **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) Mouse	First Name (Given Name) Mickey	M.I. F	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title N/A		Document Title Social Security Card (Restricted)
Issuing Authority N/A		Issuing Authority California		Issuing Authority Social Security Board
Document Number N/A		Document Number M954321		Document Number 123456789
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 06/15/2019		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority N/A				QR code Do not write in this space.
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
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/yyyy): 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative Last	First Name of Employer or Authorized Representative First	Employer's Business or Organization Name Texas Tech University
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway	City or Town Lubbock	State TX ZIP Code 79409

[Click to Finish](#)

Please print to sign and date this section

- Must be completed by the end of the 3rd 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

Instructions Start Over Print

USCIS Form I-9
Department of Homeland Security
U.S. Citizenship and Immigration Services
OMB No. 1615-0047
Expires 08/31/2019

Employee Name from Section 1: Last Name (Family Name) First Name (Given Name) Middle Initial

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) B. Date of Rehire (if applicable)

Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Click to Finish

➤ 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.

➤ Section 3 is on a separate page while online.

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

Reverification F1 Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services B0000-0000

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 "List of Acceptable Documents.")

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

List A Peter OR List B Harry AND List C J

Identity and Employment Authorization	List B Identity	AND	List C Employment Authorization
Document Title	Document Title		Document Title
Issuing Authority	Issuing Authority		Issuing Authority
Document Number	Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information		OR Code - Section 2 & 3 Do Not Write in this Space
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			
Document Title			
Issuing Authority			
Document Number			
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 authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name) City or Town State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) B. Date of Rehire (if applicable)

Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy)

N/A N/A N/A N/A

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title passport United Kingdom Document Number I-20 Expiration Date (if any) (mm/dd/yyyy)
#523321329 exp. 12/31/2025 #N00012956 12/31/2025 #74 #690083062 1/5

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Your Signature 05/17/2021 Last, First

Documentation for different Visa Status



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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
 - I-94
 - Form I-20

J-1 Status:

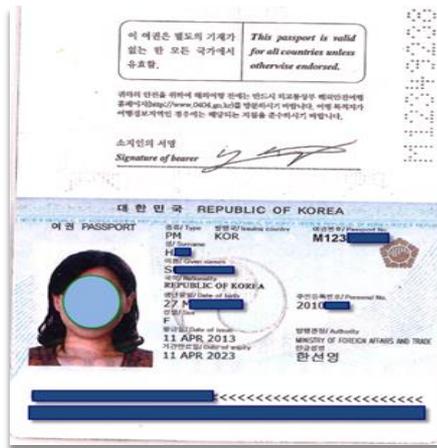
- Foreign Passport
 - I-94
 - Form DS-2019
- Sponsor Letter (for students)**

H1B Status:

- Foreign Passport
 - I-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.



520/13 1-94 Admission Number Retrieval



U.S. Customs and Border Protection
Securing America's Borders

OMB No. 1551-0111
Expiration Date: 11/30/2014

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 67800 [REDACTED]
Admit Until Date (MM/DD/YYYY): D/S

Details provided on Admission (I-94) form:

Family Name:	[REDACTED]
First (Given) Name:	[REDACTED]
Birth Date (MM/DD/YYYY):	08/ [REDACTED]
Passport Number:	J01 [REDACTED]
Passport Country of Issuance:	India
Date of Entry (MM/DD/YYYY):	05/25/2013
Class of Admission:	F1

Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a printed Form I-94. A record of admission printed from the CBP's website constitutes a law full record of admission. See 8 CFR § 1.4(d).

If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

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

Attachment A

U.S. Department of Justice
Office of Migration and Refugee Services

Form I-94, Department of Homeland Security

1. Date of Birth (MM/DD/YYYY)	2. Sex (M/F)	3. Date of Admission (MM/DD/YYYY)	4. Class of Admission
5. Date of Expiration (MM/DD/YYYY)	6. Port of Entry	7. Date of Departure (MM/DD/YYYY)	8. Port of Departure

9. Signature of Officer

10. Signature of Applicant

11. Signature of Employer/Agency

12. Signature of Consular Officer

13. Signature of Customs Officer

14. Signature of Immigration Officer

15. Signature of Border Patrol Officer

16. Signature of Air Carrier Representative

17. Signature of Other Official

18. Signature of Other Official

19. Signature of Other Official

20. Signature of Other Official

21. Signature of Other Official

22. Signature of Other Official

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98. Signature of Other Official

99. Signature of Other Official

100. Signature of Other Official

Examples of I-94 Documents



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

U.S. Customs and Border Patrol or U.S. Citizenship and Immigration Services issue arrival-departure 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

Departure Number: 0000000000 00

OMB No. 1651-0111

Sample
ADMITTED
APR 20 2011
Class: F-1
Until: D/S

I-94
Departure Record

14. Family Name: S | T | U | D | E | N | T

15. First (Given) Name: I | M | A

16. Birth Date (Day/Mo/Yr): 0 | 1 | 0 | 1 | 7 | 0

17. Country of Citizenship: A | N | Y | C | O | U | N | T | R | Y

CBP Form I-94 (10/04)
STAPLE HERE

See Other Side

Form I-94 Arrival/Departure Record

I-94 Admission Number Retrieval

U.S. Customs and Border Protection
Securing America's Borders

OMB No. 1651-0111
Expiration Date: 11/30/2014

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 67808 [redacted]

Admit Until Date (MM/DD/YYYY): D/S [redacted] expiration date D/S

Details provided on Admission (I-94) form:

Family Name: M [redacted]

First (Given) Name: S [redacted]

Birth Date (MM/DD/YYYY): 08/1 [redacted]

Passport Number: J08 [redacted]

Passport Country of Issuance: India

Date of Entry (MM/DD/YYYY): 05/25/2013

Class of Admission: F1

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

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

Example of Form I-20



TEXAS TECH UNIVERSITY
Human Resources

- 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 an endorsement for TTU employment on Page 3.

U.S. Department of Justice **Sample** Certificate of Eligibility for Nonimmigrant (F-1) Student Page 1
Immigration and Naturalization Service Status - For Academic and Language Students (OMB NO. 1653-0038)

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):

First (given) Name: _____ Middle Name: _____	For Immigration Official User SEVIS Student's Copy N00000
Country of birth: INDIA Date of birth (mo/day/year): 02/27/19	
Country of citizenship: INDIA Admission number: _____	
School (School district) name: Texas Tech University	

2. School (School district) name: **Texas Tech University**
 School Official to be named as student's arrival in U.S. (Name and Title):
Assistant Director
 School address (include zip code): _____
 School code (including 3-digit suffix, if any) and approval date: _____ approved on 01/27/2015

3. This certificate is issued to the student named above for: **Initial attendance at this school.**

4. Level of education the student is pursuing or will pursue in the United States: **MASTER'S**

5. The student named above has been accepted for a full course of study at this school, majoring in **Electrical, Electronic, and Communicati**. The student is expected to report to the school no later than **8/23/2015** and complete studies not later than **08/23/2015**. The normal length of study is **36** months.

6. English proficiency: **This school requires English proficiency. The student has the required English proficiency.**

7. This school estimates the student's average costs for an academic term of **12** (up to 12) months to be:

a. Tuition and fees	\$ 2,567.00
b. Living expenses	\$ 12,780.00
c. Expenses of dependents (0)	\$ 0.00
d. Other (specify):	\$ 0.00
Total	\$ 15,347.00

8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7):

a. Student's personal funds	\$ 0.00
b. Funds from this school	\$ 16,347.00
c. Funds from another source	\$ 0.00
Specify type: _____	
d. On-campus employment	\$ 0.00
Total	\$ 16,347.00

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I 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, transcripts, or other records of courses taken 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 defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Name of School Official: **Assistant Director** Signature of Designated school official: _____ Title: _____ Date Issued: **01/30/2015** Place Issued (city and state): _____

11. Student Certification: I have read and agree to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(a) to determine my nonimmigrant status.

Name of Student: _____ Signature of Student: _____ Date: _____

Name of parent or guardian: _____ Signature of parent or guardian: _____ Address (city) (State or Province) (Country): _____ (Date): _____

Form I-20 A/B (Rev. 04-27-88) For Official Use Only Microfilm Index Number

Department of Homeland Security U.S. Immigration and Customs Enforcement I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

SEVIS ID: N0009594678

SURNAME/PREFERRED NAME Mazo	GIVEN NAME Levin Faron	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME LEVIN FARES MAZO	PASSPORT NAME	
COUNTRY OF BIRTH TANZANIA	COUNTRY OF CITIZENSHIP TANZANIA	
DATE OF BIRTH 09 MAY 1994	ADMISSION NUMBER	
FORM ISSUANCE REASON TRANSFER - UPDATED	LEGACY NAME LEVIN MAZO	

SCHOOL INFORMATION

SCHOOL NAME Texas Tech University Texas Tech University	SCHOOL ADDRESS International Cultural Center, Lubbock, TX 79409
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Karin Sentz International Student Counselor	SCHOOL CODE AND APPROVAL DATE DAL214490020050 21 JANUARY 2015

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Engineering, General 14.0101	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 18 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 17 AUGUST 2015	PROGRAM END DATE 18 AUGUST 2019	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 21,334	Personal Funds \$ 0
Living Expenses \$ 10,734	Funds From This School \$ 50,000
Expenses of Dependents (0) \$	Family \$ 50,000
Health Insurance *Books \$ 3,300	On-Campus Employment \$
TOTAL \$ 35,368	TOTAL \$ 50,000

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I 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, transcripts, or other records of courses taken 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 and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X SIGNATURE OF: **Karin Sentz**, International Student Counselor DATE ISSUED: **13 July 2015** PLACE ISSUED: **Lubbock, TX**

STUDENT ATTESTATION

I have read and agree to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(a) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X SIGNATURE OF: **Levin Fares Mazo** DATE: **July 13, 2015**

NAME OF PARENT OR GUARDIAN: _____ SIGNATURE: _____ ADDRESS (city/state or province/country): _____ DATE: _____

Form I-20 (3/31/2018)

Example of F1 on I-9



TEXAS TECH UNIVERSITY
Human Resources™



New Hire
F1

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 identify. 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 (Family Name) Potter	First Name (Given Name) Harry	Middle Initial J	Other Last Names Used (if any) N/A
Address (Street Number and Name) 123 Main Street	No PO Boxes N/A	Apt. Number N/A	City or Town Lubbock
State TX	ZIP Code 79409	Date of Birth (mm/dd/yyyy) 07/31/1980	
U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	Employee's E-mail Address harry.potter@ttu.edu	optional	Employee's Telephone Number (806) 123-4567

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):

- 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): N/A
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 12/31/2025

Program end date
from I-20

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- Alien Registration Number/USCIS Number: N/A
 - Form I-94 Admission Number: N/A
 - Foreign Passport Number: 533321329
- Country of Issuance: United Kingdom

QR Code - Section 1
Do Not Write In This Space



Signature of Employee: Harry Potter
Today's Date (mm/dd/yyyy): 08/31/2017

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 completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee 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 Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	State	ZIP Code
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) Potter	First Name (Given Name) Harry	M.I. J	Citizenship/Immigration Status 4
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant	Document Title N/A	Document Title N/A	Document Title N/A	Document Title N/A
Issuing Authority United Kingdom	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A
Document Number 533321329	Document Number N/A	Document Number N/A	Document Number N/A	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 12/31/2025	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-94A	Document Title N/A	Document Title N/A	Document Title N/A	Document Title N/A
Issuing Authority U.S. Customs and Border Protection	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A
Document Number E96008002	Document Number N/A	Document Number N/A	Document Number N/A	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-20	Document Title N/A	Document Title N/A	Document Title N/A	Document Title N/A
Issuing Authority D.S. Immigration and Customs Enforcement	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A
Document Number R009212495	Document Number N/A	Document Number N/A	Document Number N/A	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 12/31/2021	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Additional Information practice I-9		QR Code - Section 2 Do Not Write In This Space		

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 Gina Neuser	Today's Date (mm/dd/yyyy) 08/31/2017	Title of Employer or Authorized Representative Coordinator
Last Name (Family Name) Neuser	First Name (Given Name) Gina	Employer's Business or Organization Name Texas Tech University
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway	City or Town Lubbock	State TX
ZIP Code 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) _____

C. If the employee's previous grant of employment authorization has expired, provide continuing employment authorization in the space provided below.

Document Title	Document Number
I attest, under penalty of perjury, that to the best of my knowledge, this employee presented document(s), the document(s) I have examined	
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

F1 VISA STATUS
Unexpired Passport
Form I-94
Form I-20

EAD Example



TEXAS TECH UNIVERSITY
Human Resources



New Hire
EAD

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.)

Last Name (Family Name) Weasley	First Name (Given Name) Ronald	Middle Initial B	Other Last Names Used (if any) N/A
Address (Street Number and Name) 789 Main Street		Apt. Number N/A	City or Town Lubbock
State TX		ZIP Code 79409	
Date of Birth (mm/dd/yyyy) 03/01/1980	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	Employee's E-mail Address ronald.weasley@ttu.edu	Employee's Telephone Number (806) 342-5678

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):

- 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): 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)

Expiration date from the EAD card

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- 1. Alien Registration Number/USCIS Number: 123456789
 - OR
 - 2. Form I-94 Admission Number: N/A
 - OR
 - 3. Foreign Passport Number: N/A
- Country of Issuance: N/A



Signature of Employee: Ron Weasley
Today's Date (mm/dd/yyyy): 08/31/2018

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 completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee 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 Date (mm/dd/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) Weasley	First Name (Given Name) Ronald	M.I. B	Citizenship/Immigration Status A	
List A Identify and Employment Authorization	OR		List B Identify	AND	List C Employment Authorization
Document Title Employment Auth. Document (Form I-766)	Document Title N/A		Document Title N/A		
Issuing Authority U.S. Citizenship and Immigration Services	Issuing Authority N/A		Issuing Authority N/A		
Document Number 88C1234567890	Document Number N/A		Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) 10/25/2028	Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A		
Document Title N/A	Document Title N/A		Document Title N/A		
Issuing Authority N/A	Issuing Authority N/A		Issuing Authority N/A		
Document Number N/A	Document Number N/A		Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A		
Document Title N/A	Document Title N/A		Document Title N/A		
Issuing Authority N/A	Issuing Authority N/A		Issuing Authority N/A		
Document Number N/A	Document Number N/A		Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A		

The document # is 3 letters & 10 digits sometimes located on the back of the card.



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)

Signature of Employer or Authorized Representative: *Year Signature*
Today's Date (mm/dd/yyyy): 08/31/2018
Title of Employer or Authorized Representative: Coordinator

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Name	Name	Texas Tech University
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
2500 Broadway	Lubbock	TX
ZIP Code	79409	

Cannot be a PO Box or MS

Section 3. Reverification (This section must be completed and signed by employer or authorized representative.)

A. New Name (if applicable)	B. Date of Rehire (if applicable)
Last Name (Family Name)	Date (mm/dd/yyyy)
First Name (Given Name)	Middle Initial

C. If the employee's previous grant of employment authorizing continuing employment authorization in the space provided.

Document Title: _____

I attest, under penalty of perjury, that to the best of the employee presented document(s), the document is genuine and to relate to the employee named.

Signature of Employer or Authorized Representative: _____ Today's Date (mm/dd/yyyy): _____ Name of Employer or Authorized Representative: _____

EMPLOYMENT AUTHORIZATION CARD
Copy the front & back of the card.

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.



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO. 1405-0119
 EXPIRES 10/31/2010
 ESTIMATED PAGES: 1/2 (of 4)
 (This Page)

1. J-1 Visa Visitor	2. Visa Type New	3. Exchange Exchange	4. OMB APPROVAL NO. 1405-0119 EXPIRES 10/31/2010 ESTIMATED PAGES: 1/2 (of 4) (This Page)
5. Date of Birth (MM/DD/YYYY) 01-10-1985	6. City of Birth Manassas	7. Country of Birth SAMOAS, THE	8. Issuing Country Code SP
9. Legal Permanent Resident Country Code SP	10. Legal Permanent Resident Country SAMOAS, THE	11. Passport Code 950	12. Position CATEGORY - OTHER
13. U.S. Address 330 F STREET WASHINGTON, DC 20001		14. Exchange Visitor Program Number 0-4-19889	
15. J-1 Program Sponsor Address in U.S. (include full address) Participating Program Official Designation AD PAIR: AD PAIS			
16. Purpose of this form: Begin new program; accompanied by number (1) of immediate family members.			
17. 1. From Cover Period From (mm/dd/yyyy): 05/30/2009 To (mm/dd/yyyy): 05/30/2013		18. 2. Exchange Visitor Category AD PAIR	
19. 3. During the period covered by this form, the total combined financial resources (U.S. \$) to be provided to the exchange visitor by: Personal, Program, Sponsor, Family = \$00,000.00 Total = \$00,000.00			
20. 4. DEPARTMENT OF STATE OFFICE OF CONSULAR AFFAIRS PASSPORTS AND INTERNATIONAL TRAVEL		21. 5. Responsible Officer Title 202-555-1212 Capitol Hill Washington, DC 20540 Date (mm/dd/yyyy) 04-17-2003	
22. 6. Signature of Responsible Officer for Exchange Visitor (FOR EXCHANGE VISITOR PROGRAM) Effective date (mm/dd/yyyy): Signature of Responsible Officer or Alternate Responsible Officer			
23. 7. PRELIMINARY ENDORSEMENT OF CONSULAR OR DESIGNATION OFFICER REGARDING SECTION 2202(a) OF THE IMMIGRATION AND NATIONALITY ACT AND 8.6(a) STANDARDS (see 8.00-0109-0) The Exchange Visitor in the above program: 1. <input type="checkbox"/> is not eligible for the non-merit admission requirement. 2. <input type="checkbox"/> Subject to the non-merit admission requirement based on: A. Government Security and/or B. The Exchange Visitor Skills List and/or C. PL-464 as mandated Date (mm/dd/yyyy) Signature of Consular or Designation Officer			
24. 9. TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 90 days for Return Status and 60 days for Change Category and Transfer Visa/Status) EXCEPT: Maximum validation period is up to 180 days for Return Status and 60 days for Change Category and Transfer Visa/Status. (1) Exchange Visitor is in good standing at the present time Date (mm/dd/yyyy) Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time Date (mm/dd/yyyy) Signature of Responsible Officer or Alternate Responsible Officer			
25. THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 2202(a) EXCHANGE VISITOR CERTIFICATION. I have read and agree with the statement on item 7 on page 2 of this document. Signature of Applicant Date (mm/dd/yyyy)			



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 week 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.

Sincerely,

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

b.c./Upprogram.1



Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 67806
 Admit Until Date (MM/DD/YYYY): DS
 Details provided on Admission (I-94) form:
 Family Name: [REDACTED]
 First (Given) Name: [REDACTED]
 Birth Date (MM/DD/YYYY): [REDACTED]
 Passport Number: J018
 Passport Country of Issuance: India
 Date of Entry (MM/DD/YYYY): 05/26/2011
 Class of Admission: F1

* Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a printed Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.402.
 * If an employee, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
 * Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

DS-2019 Example



TEXAS TECH UNIVERSITY
Human Resources

- Document number can be found in upper right hand 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.

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

GMB APPROVAL NO. 1405-0119
07/31/2014
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name: <u>XXXXXXXXXX</u>		First Name: <u>XXXXXXXXXX</u>		Middle Name: <u>XXXXXXXXXX</u>		Gender: <u>MALE</u>	
Date of Birth (mm/dd/yyyy): <u>XXXXXXXXXX</u>		City of Birth: <u>XXXXXXXXXX</u>		Country of Birth: <u>PERU</u>		Citizenship Country: <u>PERU</u>	
Legal Permanent Residence Country Code: <u>XXXXXXXXXX</u>		Legal Permanent Residence Country: <u>PERU</u>		Position Code: <u>314</u>		Position: <u>EMPLOYER OF PRIVATE BUSINESS</u>	
Primary Site of Activity: <u>Texas Tech University</u> <u>7th St & Indiana Ave</u> <u>Lubbock, TX 79409</u>							
2. Program Sponsor: <u>Texas Tech University</u>				Program Number: <u>P-1-02272</u>			
Participating Program Official Description: <u>PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS;</u> <u>STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE</u>							
Purpose of this form: <u>Extend an on-going program</u>							
3. Form Covers Period:		Exchange Visitor Category:		J-1			
From (mm/dd/yyyy): <u>04-01-2013</u>		<u>RESEARCH SCHOLAR</u>					
To (mm/dd/yyyy): <u>12-31-2014</u>		Subject Field Code: <u>40-0501</u>					
		Subject Field Code Remarks: <u>Research in Chemistry</u>					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by: Current Program Sponsor: funds : <u>\$25,000.00</u> Total : <u>\$25,000.00</u>							
4. U.S. DEPARTMENT OF STATE: BUREAU OF CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (CONCLUDE PAGE).				Philip Gail		Responsible Officer	
				Name of Official Preparing Form		Title	
				International Affairs		806-742-3667	
				P O Box 45004		Telephone Number	
				Lubbock, TX 79404		01-29-2014	
				Signature of Responsible Officer or Alternate Responsible Officer		Date (mm/dd/yyyy)	
5. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm/dd/yyyy): _____ Transfer of this exchange visitor from program number: _____ sponsored by _____ to the program specified as item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Education and Cultural Exchange Act of 1961, as amended.							
Signature of Responsible Officer or Alternate Responsible Officer				Date (mm/dd/yyyy) of Signature			
Preliminary Endorsement of Consular or Immigration Officer Regarding Section 212(c) of the Immigration and Nationality Act and PL 94-84, as Amended (see item 1(a) of page 2).							
The Exchange Visitor in the above program:							
1. <input type="checkbox"/> Not subject to the two-year residence requirement.							
2. <input type="checkbox"/> Subject to two-year residence requirement based on:							
A. <input type="checkbox"/> Government financing and/or							
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or							
C. <input type="checkbox"/> PL 94-84 is amended							
(ALL USAID PARTICIPANTS (I-2-6028) AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-6019 ARE SUBJECT TO TWO-YEAR HOME RESIDENCE REQUIREMENTS)							
Name: _____				Title: _____			
Signature of Consular or Immigration Officer				Date (mm/dd/yyyy)			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(a).							
EXCHANGE VISITOR CERTIFICATION have read and agree with the statement in item 2 on page 2 of this document							
Signature of Applicant				USA		Date (mm/dd/yyyy)	
						02/10/14	

J1 Sponsor Letter Example



TEXAS TECH UNIVERSITY
Human Resources™



TEXAS TECH UNIVERSITY™

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 week 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert T. Crosier'.

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

b.c:\proglempm.1

J1 Example on Form I-9



TEXAS TECH UNIVERSITY
Human Resources™



New Hire
J1

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.

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

Last Name (Family Name) Granger		First Name (Given Name) Bernstone		Middle Initial J	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 345 Main Street No PO Boxes		Apt. Number N/A	City or Town Lubbock		State TX	ZIP Code 79109
Date of Birth (mm/dd/yyyy) 09/19/1979	U.S. Social Security Number 1-2-3-4-5-6-7-8-9		Employee's E-mail Address bernstone.granger@ttu.edu optional		Employee's Telephone Number (806) 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.

I attest, under penalty of perjury, that I am (check one of the following 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): N/A
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 12/31/2025

End date from DS-2019

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- 1. Alien Registration Number/USCIS Number: N/A
- OR
- 2. Form I-94 Admission Number: 17055619330
- OR
- 3. Foreign Passport Number: N/A

And one of these three choices.

QR Code - Section 1
Do Not Write In This Space



Signature of Employee
Bernstone Granger

Today's Date (mm/dd/yyyy)
08/21/2017

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 completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee 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 Date (mm/dd/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

(Employer 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) Granger	First Name (Given Name) Bernstone	M.I. J	Citizenship/Immigration Status 4	
List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant	Document Title N/A	Document Title N/A	Document Title N/A	Document Title N/A
Issuing Authority United Kingdom	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A
Document Number 123456789	Document Number N/A	Document Number N/A	Document Number N/A	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 09/19/2027	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-84A	Additional Information sponsor letter TX Tech University document # N/A 05/30/2018		QR Code - Section 2 Do Not Write In This Space	
Issuing Authority U.S. Customs and Border Protection	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	
Document Number 0123456789	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	
Expiration Date (if any)(mm/dd/yyyy) N/A	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	
Document Title Form DS-2019	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	
Issuing Authority U.S. Department of State	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	
Document Number N008345678	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	
Expiration Date (if any)(mm/dd/yyyy) 03/25/2026	QR Code - Section 2 Do Not Write In This Space		QR Code - Section 2 Do Not Write In This Space	

The expiration date on the sponsor letter will override this date if applicable.

Add sponsor letter information if required. (see note in box below)

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 Your Signature	Today's Date (mm/dd/yyyy) 08/21/2017	Title of Employer or Authorized Representative Coordinator
Last Name of Employer or Authorized Representative Last	First Name of Employer or Authorized Representative First	Employer's Business or Organization Name Texas Tech University
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway		City or Town Lubbock
State TX	ZIP Code 79409	

Cannot be a PO Box or MS

Section 3. Reverification

A. New Name (if applicable)
Last Name (Family Name)

C. If the employee's previous continuing employment authorization document title

Document Title

I attest, under penalty of the employee presented

Signature of Employer or A

J1 VISA STATUS

Unexpired Passport
Form I-94
Form DS-2019

If the visitor exchange category has the word "student" (excluding student intern) on the DS-2019, a sponsor letter is required.

Form I-797 Approval Notice Example



TEXAS TECH UNIVERSITY
Human Resources™

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

I-797A, Notice of Action

THE UNITED STATES OF AMERICA

RECEIPT NUMBER WAC-12-016-50960	CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER	
RECEIPT DATE October 25, 2011	PRIORITY DATE	PETITIONER TX TECH UNIV
NOTICE DATE February 27, 2012	PAGE 1 of 2	BENEFICIARY KWON, SONG WOOK

TX TECH UNIV
C/O DAWN M CEPICA
P O BOX 45004
LUBBOCK TX 79409-5004

Notice of Approval Notice
Class: H1B
Valid from 01/01/2012 to 12/13/2014
Consulate:

The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep this part with his or her Form I-94, U.S. Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONB)

Please see the additional information on the back. You will be notified separately about any other cases you filed.
U.S. CITIZENSHIP & IMMIGRATION SVC
CALIFORNIA SERVICE CENTER
P. O. BOX 30111
LAGUNA NIGUEL - CA 92607-0111
Customer Service Telephone: (800) 375-5283
Form I-97A (Rev. 10/31/05)N

- 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.

Detach This Half for Personal Records

221656409 24

Receipt# WAC-12-016-50960
I-94# 221656409 24
NAME KWON, SONG WOOK
CLASS H1B
VALID FROM 01/01/2012 UNTIL 12/13/2014

PETITIONER: TX TECH UNIV
P O BOX 45004
LUBBOCK TX 79409-5004

TX Petitioner Name
DOE
TX Petitioner Name
John
TX Country of Citizenship
A country

10. Date of Birth
10/11/1973

H-1B Example on Form I-9



TEXAS TECH UNIVERSITY
Human Resources™



New Hire
H1B

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



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)	M.I.	Citizenship/Immigration Status
	Weasley	Giserva		

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant Issuing Authority United Kingdom Document Number 123456789 Expiration Date (if any) (mm/dd/yyyy) 08/11/2032		Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/yyyy) N/A	Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/yyyy) N/A	
Document Title Form I-94/I-96A Issuing Authority U.S. Customs and Border Protection Document Number 12345678911 Expiration Date (if any) (mm/dd/yyyy) 12/16/2028		Additional Information QR Code - Section 2 Do Not Write in This Space 		

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): 09/01/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Your Signature</i>	Today's Date (mm/dd/yyyy) 08/31/2020	Title of Employer or Authorized Representative Coordinator
Last Name (Family Name) Youc	First Name (Given Name) Youc	Employer's Business or Organization Name Texas Tech University
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway	City or Town Lubbock	State TX
ZIP Code 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)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired continuing employment authorization in the space provided below.

Document Title: H1B VISA STATUS
Unexpired Passport Form I-94 with a specific expiration date

I attest, under penalty of perjury, that to the best of my knowledge the employee presented document(s), the document(s) I have examined are 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 Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

▶ **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.)

Last Name (Family Name) Weasley	First Name (Given Name) Giserva	Middle Initial M	Other Last Names Used (if any) N/A
Address (Street Number and Name) 789 University	Apt. Number N/A	City or Town Lubbock	State TX
ZIP Code 79409	No PO Boxes		
Date of Birth (mm/dd/yyyy) 08/11/1981	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	Employee's E-mail Address ginny.weasley@ttu.edu	Employee's Telephone Number (806) 123-4567

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):

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): N/A

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 12/16/2028

Some aliens may write "N/A" in the expiration date field. (See instructions)

Expiration date from I-94

The expiration date is on the I-94.

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A

OR

2. Form I-94 Admission Number: 12345678911

OR

3. Foreign Passport Number: N/A

Country of Issuance: N/A

QR Code - Section 1
Do Not Write in This Space


And one of these three choices.

Signature of Employee: *Ginny Weasley*

Today's Date (mm/dd/yyyy): 08/31/2020

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 completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee 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 Date (mm/dd/yyyy): _____

Last Name (Family Name): _____

First Name (Given Name): _____

Address (Street Number and Name): _____

City or Town: _____

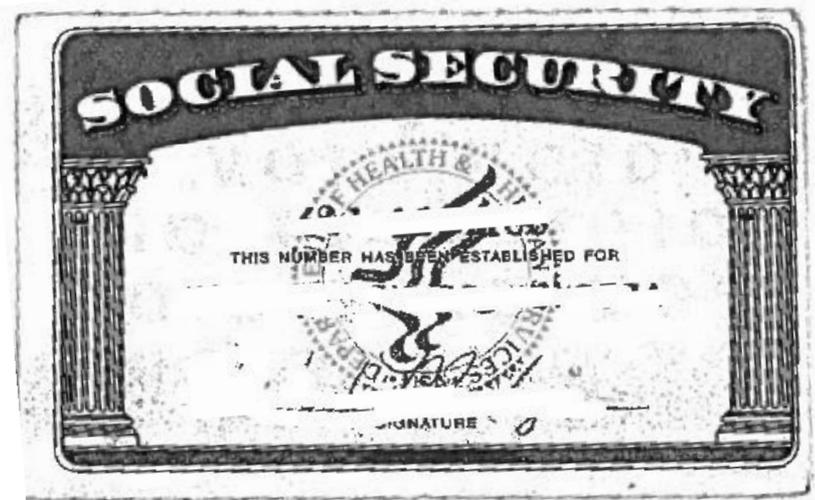
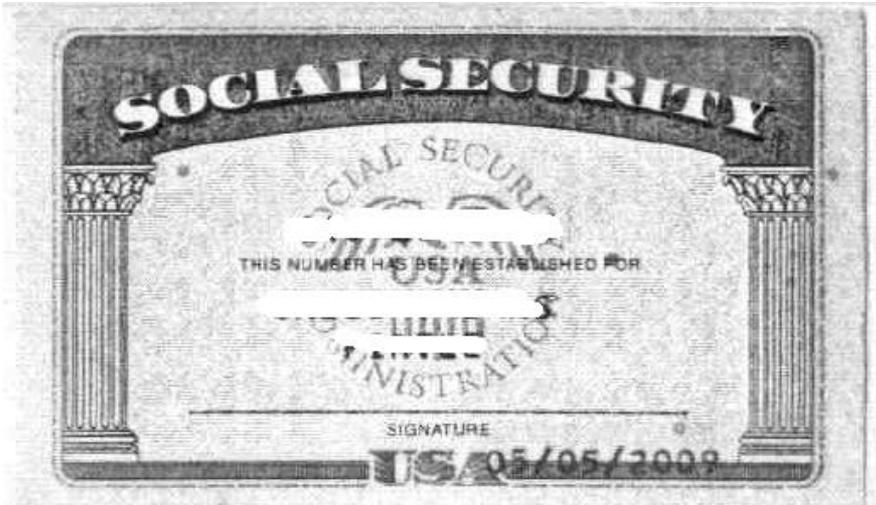
State: _____

ZIP Code: _____

Social Security Card Examples

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

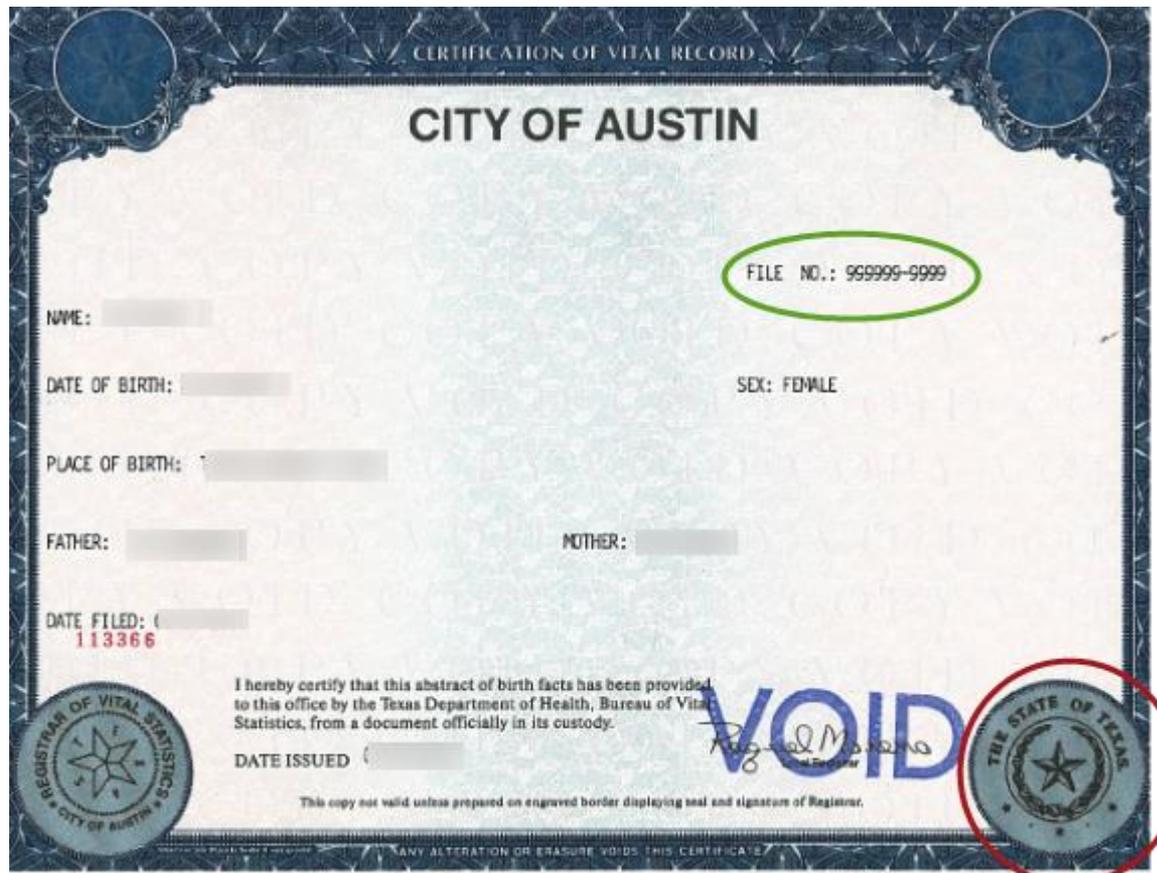


TEXAS TECH UNIVERSITY
Human Resources™

	New Hire US Citizen DL & SSC	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) MOORE	First Name (Given Name) MICKEY
List A Identify and Employment Authorization		OR	List B Identity AND List C Employment Authorization
Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security Card (Unrestricted)	
Issuing Authority N/A	Issuing Authority California	Issuing Authority Social Security Board	
Document Number N/A	Document Number M954221	Document Number 123456789	
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) 06/15/2019	Expiration Date (if any)(mm/dd/yyyy) N/A	
Document Title N/A	Additional Information		QR Code - Section 2 Do Not Write in This Space
Issuing Authority N/A			
Document Number N/A			
Expiration Date (if any)(mm/dd/yyyy) N/A			
Document Title N/A			
Issuing Authority N/A			
Document Number N/A			
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/yyyy): 09/01/2017 (See instructions for exemptions)			
Signature of Employer or Authorized Representative <i>Your Signature</i>	Today's Date (mm/dd/yyyy) 08/31/2017	Title of Employer or Authorized Representative ESIC	
Last Name of Employer or Authorized Representative Last	First Name of Employer or Authorized Representative First	Employer's Business or Organization Name Texas Tech University	
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway		City or Town Lubbock	State TX ZIP Code 79409
No PO Boxes or MS			
Section 3. Reverification and Renewal (To be completed and signed by employer or authorized representative.)			
A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name 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



CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

FILE NO.: 999999-9999

NAME: _____

DATE OF BIRTH: _____ SEX: FEMALE

PLACE OF BIRTH: _____

FATHER: _____ MOTHER: _____

DATE FILED: (113366

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document officially in its custody.

DATE ISSUED: _____

Reginald Moreno

VOID

REGISTRAR OF VITAL STATISTICS - CITY OF AUSTIN

THE STATE OF TEXAS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE voids THIS CERTIFICATE

- 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



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- 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.

		New Hire US Citizen DL & BC	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 <i>(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.")</i>					
Employee Info from Section 1		Last Name (Family Name) N/A	First Name (Given Name) Miguel	MI N/A	Citizenship/Immigration Status 1
List A Identity and Employment Authorization		OR	List B Identify	AND	List C Employment Authorization
Document Title N/A	Issuing Authority N/A	Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Document Title Driver's License issued by state/territory	Issuing Authority California
Document Title N/A	Issuing Authority N/A	Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Document Title U.S. Birth certificate	Issuing Authority State of California
Document Title N/A	Issuing Authority N/A	Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Document Title Additional Information	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A	Issuing Authority N/A	Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	QR Code - Section 2 Do Not Write In This Space 	
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): 09/01/2020 (See instructions for exemptions)					
Signature of Employer or Authorized Representative <i>Your Signature</i>		Today's Date (mm/dd/yyyy) 08/31/2020		Title of Employer or Authorized Representative Coordinator	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway		City or Town Lubbock		State TX	ZIP Code 79409
No PO Boxes or MS					
Section 3. Reverification <i>(This section must be completed and signed by employer or authorized representative.)</i>					
A. New Hire (if applicable)			B. Date of Rehire (if applicable)		
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.					
Document Title	Document Number		Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.					
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Name of Employer or Authorized Representative	

Reverifications

- Departments will receive letters notifying them of I-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



TEXAS TECH UNIVERSITY
Human Resources™

	Reverification EAD	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
			R0000 0000
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) Weasley	First Name (Given Name) Ronald	M.I. A Citizenship/Immigration Status
List A Identity and Employment Authorization		OR	List B Identity
AND		List C Employment Authorization	
Document Title	Document Title	Document Title	
Issuing Authority	Issuing Authority	Issuing Authority	
Document Number	Document Number	Document Number	
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	
Document Title	Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority			
Document Number			
Expiration Date (if any)(mm/dd/yyyy)			
Document Title			
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 authorized to work in the United States. The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)			
Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
N/A	N/A	N/A	N/A
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
Employment Auth. Document - (Form I-766)	EMC1234567890	10/01/2025	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	
<i>Your Signature</i>	05/17/2028	First and Last Name	

- 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



TEXAS TECH UNIVERSITY
Human Resources

- 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 F1	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
		A0000-0000	
Section 2. Employer or Authorized Representative Review and Verification <small>(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 "List of Acceptable Documents")</small>			
Employee Info from Section 1	Last Name (Family Name) Petter	First Name (Given Name) Harry	M.I. J Citizenship/Immigration Status
List A Identify and Employment Authorization		OR	List B Identify AND
List C Employment Authorization			
Document Title	Document Title	Document Title	
Issuing Authority	Issuing Authority	Issuing Authority	
Document Number	Document Number	Document Number	
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	
Document Title	Additional Information		GR Code - Section 2.6.3 Do Not Write In This Space
Issuing Authority			
Document Number			
Expiration Date (if any)(mm/dd/yyyy)			
Document Title			
Issuing Authority			
Document Number			
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 authorized to work in the United States. The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions)			
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Hire (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name) N/A	First Name (Given Name) N/A	Middle Initial N/A	Date (mm/dd/yyyy) N/A
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title passport	United Kingdom	Document Number I-20	Expiration Date (if any) (mm/dd/yyyy)
# 5333 21329	exp. 12/31/2025	# NCCN133456	1/21/2022 EOH # 6600883062 3/15
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative Your Signature		Today's Date (mm/dd/yyyy) 05/17/2021	Name of Employer or Authorized Representative Last, First

Reverification of J1 Status



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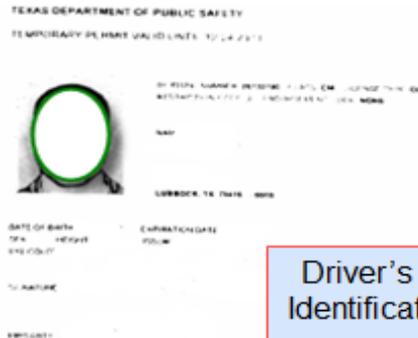
- Place employee's R# and Name at the top of the page.
- Sections 3A and 3B should contain N/A unless there is a name change.
- In order to record all documents needed, please place one document per box.
- Section 3 should be completed signed and dated by you as the employer.

		Reverification J1	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) Grainger		First Name (Given Name) Hermione		M.I. J
List A Identity and Employment Authorization		List B Identity		List C Employment Authorization
Document Title	Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title
Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title	Issuing Authority
Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title	Issuing Authority	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Document Title	Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title
Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title	Issuing Authority
Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title	Issuing Authority	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Document Title	Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)
Additional Information			QR Code - Sections 2 & 3 Do Not Write In This Space	
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.				
The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)				
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
			ZIP Code	
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) N/A	First Name (Given Name) N/A	Middle Initial N/A	Date (mm/dd/yyyy) N/A	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title passport United Kingdom #122456789 exp 09/19/2027	Document Number DS-2014 #N000234567	Expiration Date (if any) (mm/dd/yyyy) 12/31/2027	#194 7123456789 P/S	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative Heather Magruder		Today's Date (mm/dd/yyyy) 05/17/2026	Name of Employer or Authorized Representative Employee Name	

Documenting a Receipt



Acceptable receipt examples would include:



Driver's License/
Identification Card

Social Security
card replacement
receipt.



When the employee provides an acceptable receipt:

- 1. 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:

- 1. Cross out the word “receipt” and any accompanying document number
- 2. Insert the number from the actual document presented
- 3. Initial and date the change.

Completing Form I-9 for Off Campus Employees



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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

- 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



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



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- ❑ 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.	\$3,200 for each worker.	\$6,500 for each 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 guaranteeing that the employee is authorized to work in the United States, also called an indemnity bond.					<ul style="list-style-type: none"> • Pay \$1,100 for each bond the employee paid to the employer. • Refund the employee the full amount of the bond. If the employee cannot be found, this refund will go to the U.S. Treasury. 	
Criminal Violations	First Offense		Second Offense		Third Offense	
Engaging in a pattern or practice of hiring, recruiting or referring for a fee unauthorized aliens.	<ul style="list-style-type: none"> • Up to \$3,000 for each unauthorized alien. • Up to 6 months in prison for the entire pattern or practice. 		<ul style="list-style-type: none"> • Up to \$3,000 for each unauthorized alien. • Up to 6 months in prison for the entire pattern or practice. 		<ul style="list-style-type: none"> • Up to \$3,000 for each unauthorized alien. • Up to 6 months in prison for the entire pattern or practice. 	

Unique Situations/Contact Information



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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 I-9 packet or process an E-Verify® case.

Human Resources Comp & Ops

742-3851

hrs.compensation.operations@ttu.edu

Practice- Unexpired Passport



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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
	<p>▶ 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.</p> <p>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.</p>	

▶ **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.)

Last Name (Family Name) Smith		First Name (Given Name) Jane		Middle Initial S	Other Last Names Used (if any) Doe	
Address (Street Number and Name) 678 Buddy McFly			Apt. Number 25	City or Town Subrock		State TX
ZIP Code 79409		Date of Birth (mm/dd/yyyy) 09/07/2001		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	Employee's E-mail Address N/A	Employee's Telephone Number 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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A	QR Code - Section 1 Do Not Write In This Space
OR	
2. Form I-94 Admission Number: N/A	
OR	
3. Foreign Passport Number: N/A	
Country of Issuance: N/A	

Signature of Employee <i>Jane Smith</i>	Today's Date (mm/dd/yyyy) 08/31/2020
--	---

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 completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee 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 Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	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™



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) Smith	First Name (Given Name) Jane	M.I. E	Citizenship/Immigration Status 1
------------------------------	----------------------------------	---------------------------------	-----------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title U.S. Passport		Document Title N/A		Document Title N/A
Issuing Authority U.S. Department of State		Issuing Authority N/A		Issuing Authority N/A
Document Number 1234567		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 09/07/2028		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information		QR Code - Section 2 Do Not Write in This Space 
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
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/yyyy): 09/01/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Your Signature</i>	Today's Date (mm/dd/yyyy) 08/31/2020	Title of Employer or Authorized Representative Coordinator	
Last Name of Employer or Authorized Representative Your	First Name of Employer or Authorized Representative Your	Employer's Business or Organization Name Texas Tech University	
Employer's Business or Organization Address (Street Number and Name) 2500 Broadway		City or Town Lubbock	State TX
		ZIP Code 79409	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Practice-F1 Visa



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.

Employment Eligibility Verification		USCIS	
Department of Homeland Security		Form I-9	
U.S. Citizenship and Immigration Services		OMB No. 1615-0047 Expires 08/31/2019	
<p>▶ 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.</p> <p>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.</p>			
<p>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.)</p>			
Last Name (Family Name) Smith	First Name (Given Name) Jack	Middle Initial K	Other Last Names Used (if any) N/A
Address (Street Number and Name) 123 University	Apt. Number N/A	City or Town Subbook	State TX ZIP Code 79409
Date of Birth (mm/dd/yyyy) 04/09/1999	U.S. Social Security Number [][][] - [][][] - [][][][] N/A	Employee's E-mail Address N/A	Employee's Telephone Number N/A
<p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A</p> <p><input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 12/16/2024 Some aliens may write "N/A" in the expiration date field. (See instructions)</p> <p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: N/A OR</p> <p>2. Form I-94 Admission Number: 98765432101 OR</p> <p>3. Foreign Passport Number: N/A Country of Issuance: N/A</p>			
Signature of Employee <i>Jack Smith</i>		Today's Date (mm/dd/yyyy) 08/31/2020	
<p>Preparer and/or Translator Certification (check one):</p> <p><input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</p> <p>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.</p>			
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and 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



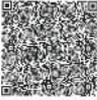
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Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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) Smith	First Name (Given Name) Jack	M.I. K	Citizenship/Immigration Status 4
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Pirelys Passport, work-authorized nonimmigrant	Document Title N/A	Document Title N/A	Document Title N/A	Document Title N/A
Issuing Authority Australia	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A
Document Number 1234567	Document Number N/A	Document Number N/A	Document Number N/A	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 04/09/2032	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-94A	Additional Information		QR Code - Section 2 Do Not Write in This Space 	
Issuing Authority U.S. Customs and Border Protection				
Document Number 987654321011				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title Form I-20				
Issuing Authority U.S. Immigration and Customs Enforcement				
Document Number N0034567				
Expiration Date (if any)(mm/dd/yyyy) 12/16/2024				

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): 09/01/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Your Signature</i>	Today's Date (mm/dd/yyyy) 08/31/2020	Title of Employer or Authorized Representative Coordinator
Last Name of Employer or Authorized Representative Your	First Name of Employer or Authorized Representative Your	Employer's Business or Organization Name Texas Tech University
Employer's Business or Organization Address (Street Number and Name) 2300 Broadway	City or Town Lubbock	State TX
		ZIP Code 79409

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	



Effective September 1, 2015

What is E-Verify®?

E-Verify® is an electronic system that verifies the employment eligibility of:

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

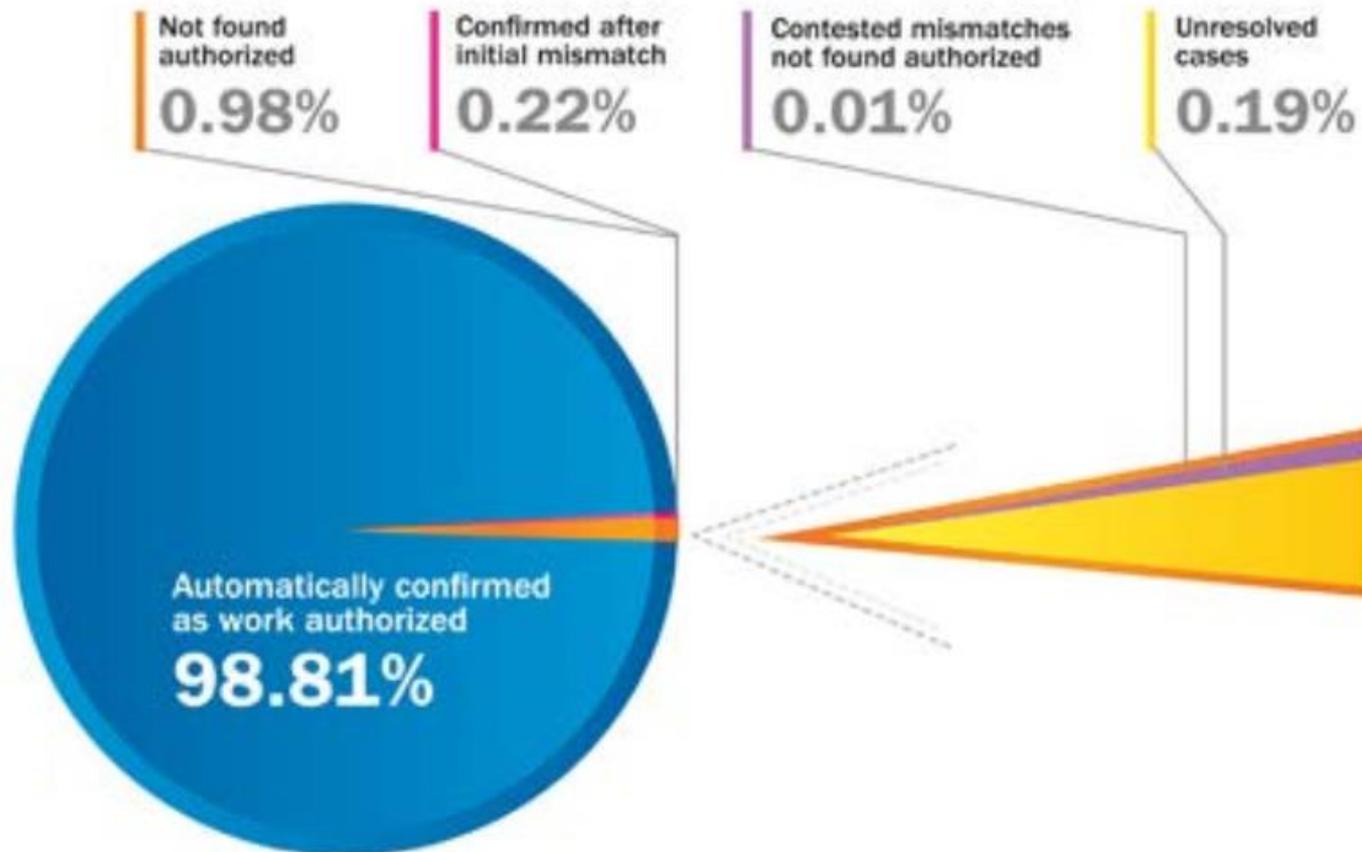
E-Verify® is a FREE web-based service provided by the Federal Government that is FAST and EASY to use.

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.

E-Verify® is not.....

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

Performance





I-9 Process with E-Verify

I-9 Process	I-9 Process with E-Verify
Employee completes Form I-9, Section 1.	<ul style="list-style-type: none">• Employee must include SSN when completing Form I-9, Section 1.• 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.• If employee provides email address, employer MUST enter it into E-Verify.
Employee chooses which acceptable document(s) to present.	<ul style="list-style-type: none">• Employee chooses which acceptable document(s) to present.• If a List B document is chosen, it MUST contain a photograph.• If an employee chooses to provide a photo matching document, the employer must make a photo copy and retain with the Form I-9.
Employer completes Form I-9, Section 2.	<ul style="list-style-type: none">• Employer completes Form I-9 Section 2.
If necessary, employer updates or re-verifies employee's work eligibility in Section 3.	<ul style="list-style-type: none">• 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.

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

When to Verify?

You must enter Form I-9 information into E-Verify® 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.



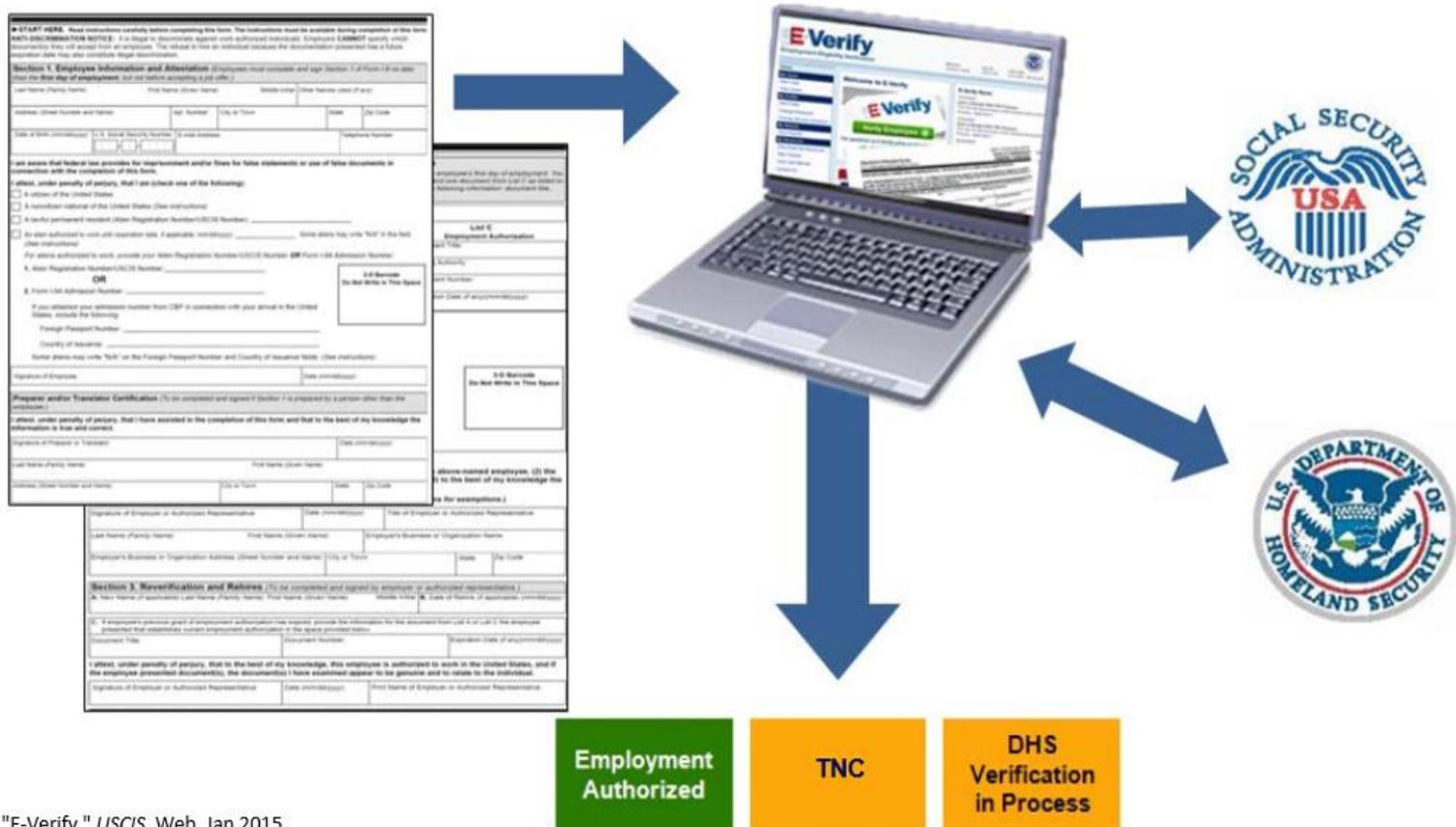
- You must have a Social Security number to process an E-Verify® case.
- An E-Verify® case must be completed by the third business day after date of hire.
- Communication within departments about your hiring process will be the most proactive step to staying compliant.
- HR will revoke E-Verify® access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

E-Verify®



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How does E-Verify® work?





Creating an E-Verify® Case

The screenshot displays the E-Verify web application interface. At the top, the E-Verify logo is on the left, and user information is on the right: "Welcome Gina Meurer", "Company Texas Tech University", and "User ID GMEU4626". Below the header is a navigation bar with "HOME", "CASES", "PROFILE", "COMPANY", "REPORTS", and "RESOURCES". The "CASES" dropdown menu is open, showing "New Case", "View Cases", and "Search Cases". The "New Case" option is circled in red. Below the navigation bar is a main content area with a banner for the "E-Verify Message Center" and a "QUICK LINKS" section. The "Verify Employee" link in the quick links is also circled in red. At the bottom, a red alert bar reads "Alerts: You Must Take Action!". Below the alert bar are four blue action cards: "Open Cases to be Closed" (2), "Cases with New Updates", "Work Authorization Docs Expiring" (10), and "Message Center".



Creating an E-Verify® Case cont.

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

E-Verify 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

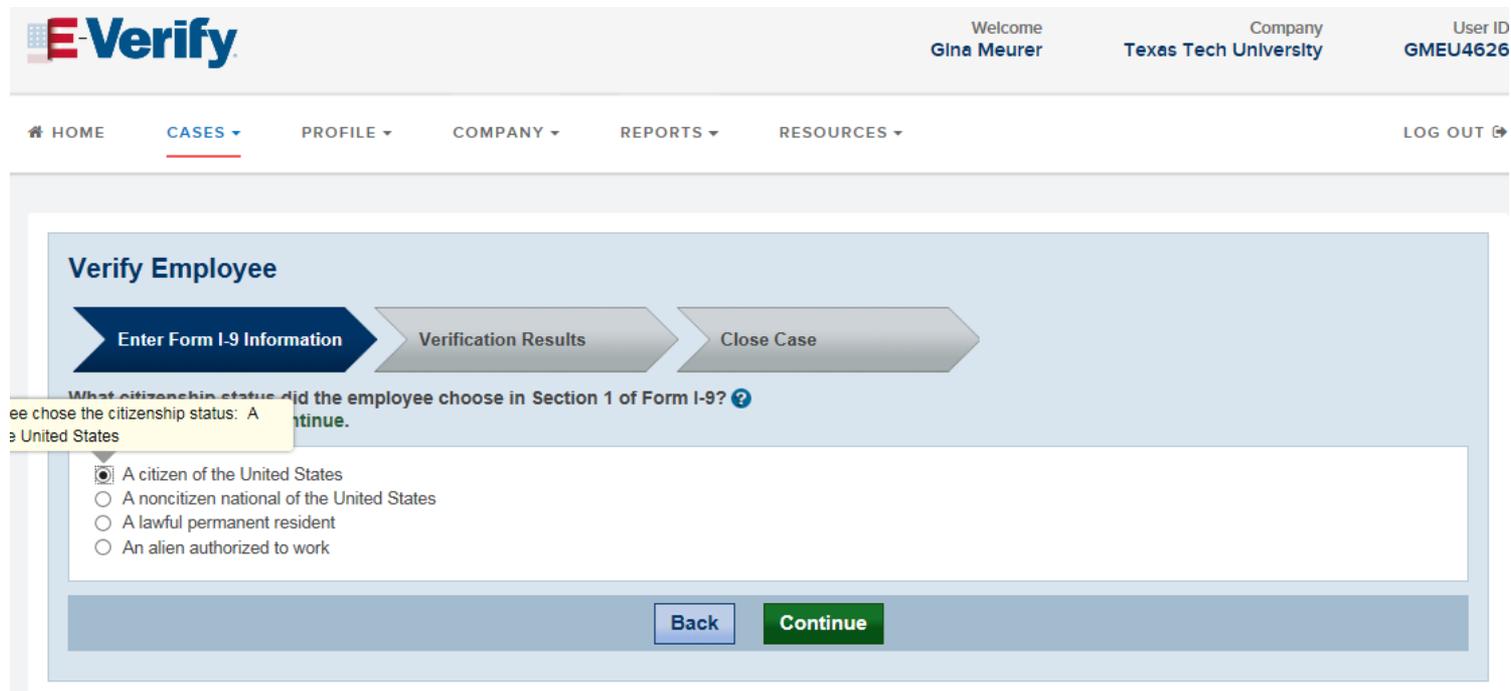
Enter the employee's Form I-9 information, then click **Continue * - required**.
Click any ? for help.

* Last Name ?	* First Name	Middle Initial	Other Names Used ?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
* Date of Birth	* Social Security Number	Employee's Email Address ?	
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

Continue

Creating an E-Verify® Case cont.

- Type in the attestation chosen in section 1 of the Form I-9.
- This choice will determine your next page.



The screenshot shows the E-Verify 'Verify Employee' interface. At the top, there is a navigation bar with the E-Verify logo on the left and user information on the right: 'Welcome Gina Meurer', 'Company Texas Tech University', and 'User ID GMEU4626'. Below the navigation bar is a menu with 'HOME', 'CASES' (underlined), 'PROFILE', 'COMPANY', 'REPORTS', 'RESOURCES', and 'LOG OUT'. The main content area is titled 'Verify Employee' and features a progress bar with three steps: 'Enter Form I-9 Information' (highlighted in dark blue), 'Verification Results', and 'Close Case'. Below the progress bar, a question asks: 'What citizenship status did the employee choose in Section 1 of Form I-9?'. A yellow tooltip points to the question, containing the text: 'ee chose the citizenship status: A e United States'. The question is followed by a 'Continue.' button. Below this, there is a list of radio button options: 'A citizen of the United States' (selected), 'A noncitizen national of the United States', 'A lawful permanent resident', and 'An alien authorized to work'. At the bottom of the form, there are 'Back' and 'Continue' buttons.

Creating an E-Verify® Case cont.

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



The screenshot shows the E-Verify 'Verify Employee' page. The main heading is 'Verify Employee'. Below it, there is a progress bar with three steps: 'Enter Form I-9 Information', 'Verification Results', and 'Close Case'. The current step is 'Enter Form I-9 Information'. The question asks: 'What documents did the employee present for Section 2 of Form I-9? Select one, then click Continue.' There are two radio button options: 'List B and C Documents' (selected) and 'U.S. Passport or Passport Card'. At the bottom, there are 'Back' and 'Continue' buttons.



The screenshot shows the E-Verify 'Verify Employee' page. The main heading is 'Verify Employee'. Below it, there is a progress bar with three steps: 'Enter Form I-9 Information', 'Verification Results', and 'Close Case'. The current step is 'Enter Form I-9 Information'. The question asks: 'What List B and C documents did the employee present for Section 2 of Form I-9? Select one from each column, then click Continue.' There are two columns of radio button options: 'List B Documents' and 'List C Documents'. At the bottom, there are 'Back' and 'Continue' buttons.

List B Documents	List C Documents
<input checked="" type="radio"/> Driver's license or ID card issued by a U.S. state or outlying possession	<input checked="" type="radio"/> Social Security Card
<input type="radio"/> ID card issued by a U.S. federal, state or local government agency	<input type="radio"/> Certification of Birth Abroad (Form F-545)
<input type="radio"/> School ID card	<input type="radio"/> Certification of Report of Birth (Form DS-1350)
<input type="radio"/> Voter registration card	<input type="radio"/> U.S. birth certificate (original or certified copy)
<input type="radio"/> U.S. military card or draft record	<input type="radio"/> Native American tribal document
<input type="radio"/> Military dependent's ID card	<input type="radio"/> U.S. Citizen ID Card (Form I-197)
<input type="radio"/> U.S. Coast Guard Merchant Mariner Card	<input type="radio"/> ID Card for Use of Resident Citizen in the United States (Form I-170)
<input type="radio"/> Native American tribal document	<input type="radio"/> Employment authorization document issued by the U.S. Department of Homeland Security
<input type="radio"/> Driver's license issued by a Canadian government authority	
<input type="radio"/> School record or report card (under age 18)	
<input type="radio"/> Clinic, doctor or hospital record (under age 18)	
<input type="radio"/> Day-care or nursery school record (under age 18)	
<input type="radio"/> Minor under age 18 without a List B document	
<input type="radio"/> Social Placement	



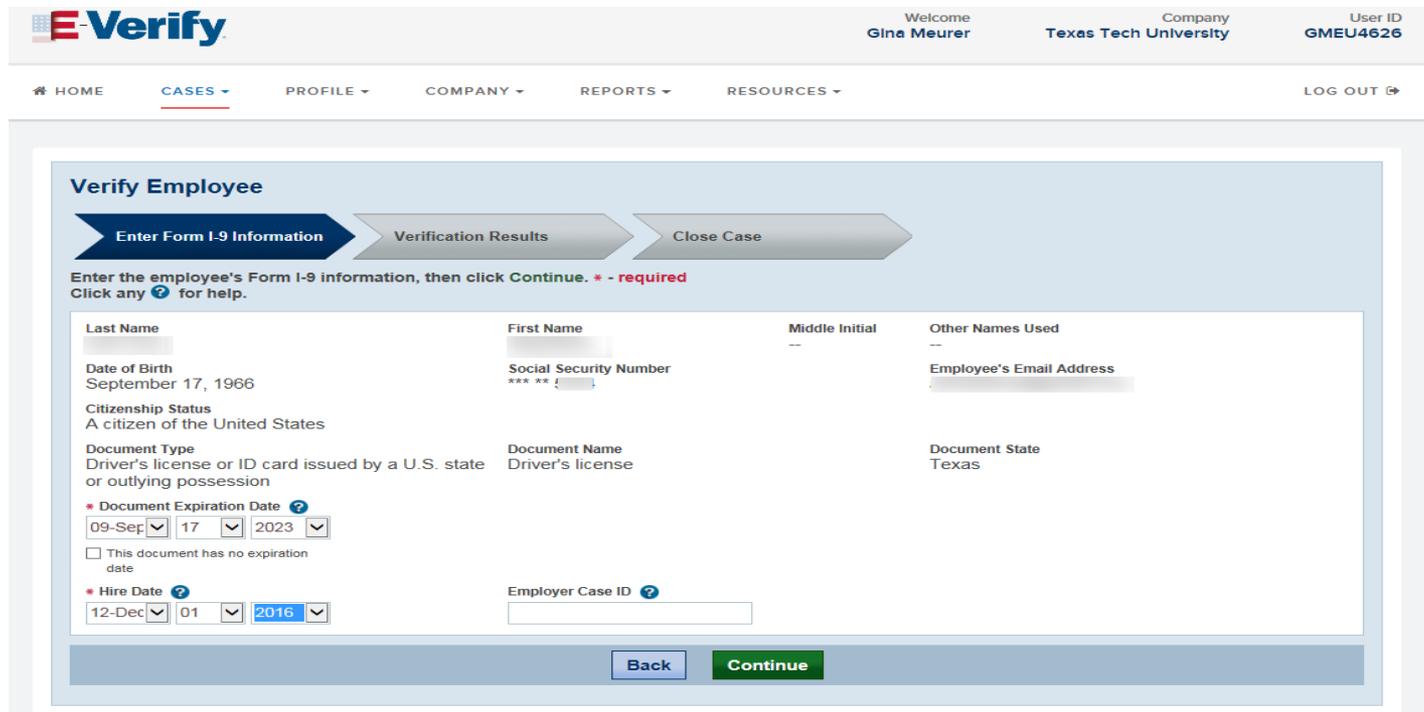
Creating an E-Verify® Case cont.

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

The screenshot shows the E-Verify user interface. At the top left is the E-Verify logo. On the right, it says 'Welcome Gina Meurer', 'Company Texas Tech University', and 'User ID GMEU4626'. Below this is a navigation menu with 'HOME', 'CASES' (underlined), 'PROFILE', 'COMPANY', 'REPORTS', 'RESOURCES', and 'LOG OUT'. The main content area is titled 'Verify Employee' and features a progress bar with three steps: 'Enter Form I-9 Information' (active), 'Verification Results', and 'Close Case'. Below the progress bar, it says 'Select the document name and state, then click Continue. * - required'. There are two required fields: '* Document Name' with radio buttons for 'Driver's license' (selected) and 'ID card', and '* Document State' with a dropdown menu showing 'Texas'. At the bottom are 'Back' and 'Continue' buttons.

Creating an E-Verify® Case cont.

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



The screenshot shows the E-Verify 'Verify Employee' interface. At the top, there is a navigation bar with the E-Verify logo, user information (Welcome Gina Meurer, Company Texas Tech University, User ID GMEU4626), and a menu (HOME, CASES, PROFILE, COMPANY, REPORTS, RESOURCES, LOG OUT). Below the navigation bar is a progress bar with three steps: 'Enter Form I-9 Information' (active), 'Verification Results', and 'Close Case'. The main content area is titled 'Verify Employee' and contains a form with the following fields:

Last Name	First Name	Middle Initial	Other Names Used
[Redacted]	[Redacted]	--	--
Date of Birth September 17, 1966	Social Security Number *** ** [Redacted]		Employee's Email Address [Redacted]
Citizenship Status A citizen of the United States	Document Name Driver's license		Document State Texas
Document Type Driver's license or ID card issued by a U.S. state or outlying possession			
* Document Expiration Date 09-Sep 17 2023			
<input type="checkbox"/> This document has no expiration date			
* Hire Date 12-Dec 01 2016	Employer Case ID		

At the bottom of the form, there are two buttons: 'Back' and 'Continue'.



E-Verify® Case Result

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

Verify Employee Employee Name [Redacted] Case Verification Number 2016333113705ZM [View/Print Case Details](#)

Enter Form I-9 Information ✓ Verification Results ✓ Close Case ✓

Case Closed
✓ **Employment Authorized**
You have closed case 2016333113705ZM. Record this case verification number on the employee's Form I-9 or print the case details and keep on file.

Last Name [Redacted]	First Name [Redacted]	Middle Initial --	Other Names Used --
Date of Birth September 17, 1966	Social Security Number *** ** [Redacted]	Employee's Email Address [Redacted]	
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 On November 28, 2016
Submitted By Meurer, Gina			

[E-Verify Home](#) [New Case](#)

Initial Results

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

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

Note: 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

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](#)

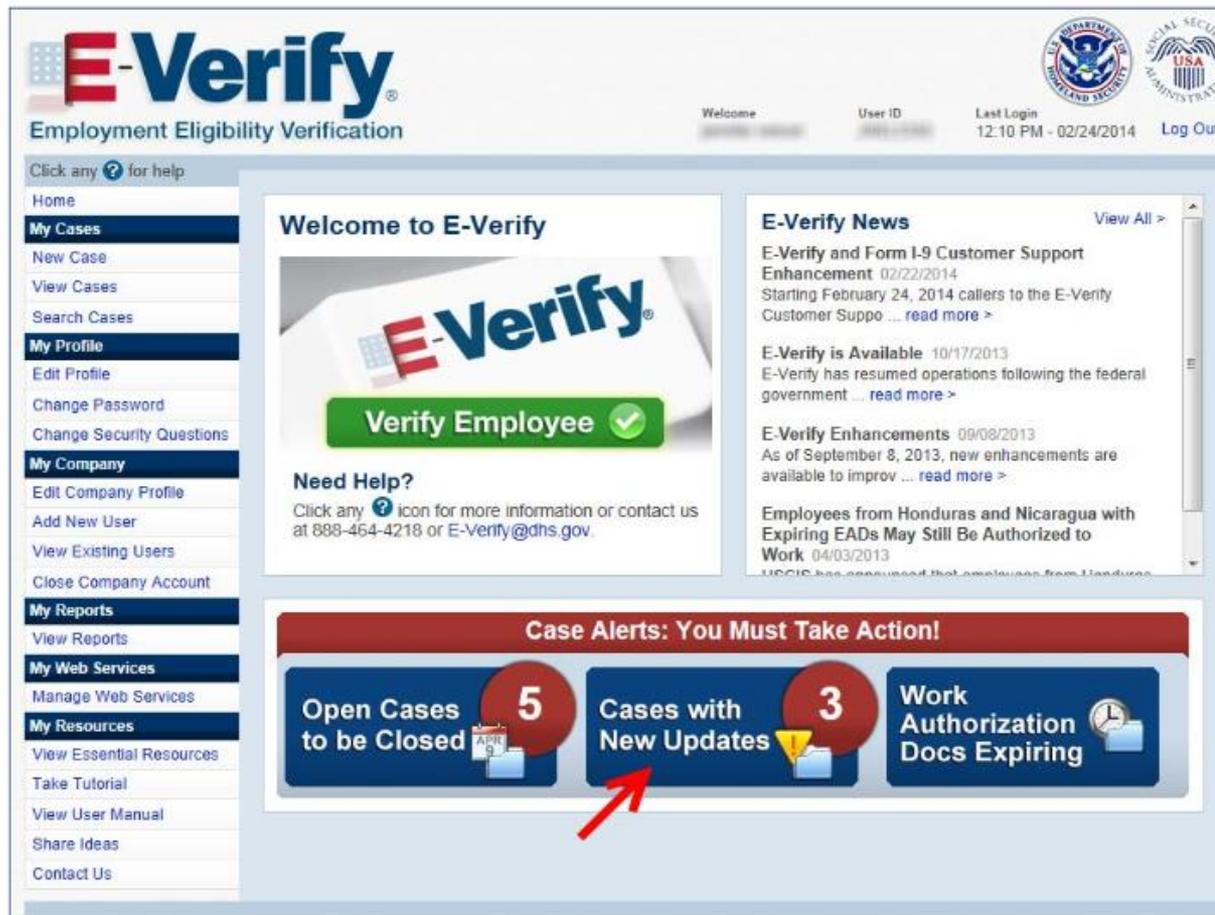
CONTEST	NOT CONTEST
Employer refers employee to appropriate agency.	Employer may terminate the employee and close the case in E-Verify.

Results after TNC

You should check E-Verify® periodically for one of the following

Employment Authorized
Review and Update Employee Data
Case in Continuance
DHS Verification in Process
DHS No Show
Final Nonconfirmation

Check Status of a TNC



The screenshot displays the E-Verify website interface. At the top, the E-Verify logo is prominent, along with the text 'Employment Eligibility Verification'. The user is logged in, as indicated by the 'Welcome' message, 'User ID', and 'Last Login' (12:10 PM - 02/24/2014) information. A navigation menu on the left includes options like 'Home', 'My Cases', 'My Profile', 'My Company', 'My Reports', 'My Web Services', and 'My Resources'. The main content area features a 'Welcome to E-Verify' message with a 'Verify Employee' button. Below this, there is a 'Need Help?' section. To the right, an 'E-Verify News' section lists recent updates. At the bottom, a red banner highlights 'Case Alerts: You Must Take Action!' with three categories: 'Open Cases to be Closed' (5), 'Cases with New Updates' (3), and 'Work Authorization Docs Expiring'. A red arrow points to the 'Cases with New Updates' category.

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.



Employers who use E-Verify to confirm your work eligibility must follow the rules

- Employers must not use E-Verify before you accept a job offer
- Employers must use E-Verify for all new hires
- If E-Verify finds an information mismatch in your government records, your employer must let you try to resolve it
- You can keep your job while resolving a mismatch

Learn more at www.dhs.gov/E-Verify

Questions? Email: E-Verify@dhs.gov Call: E-Verify Employee Hotline 888-697-7787

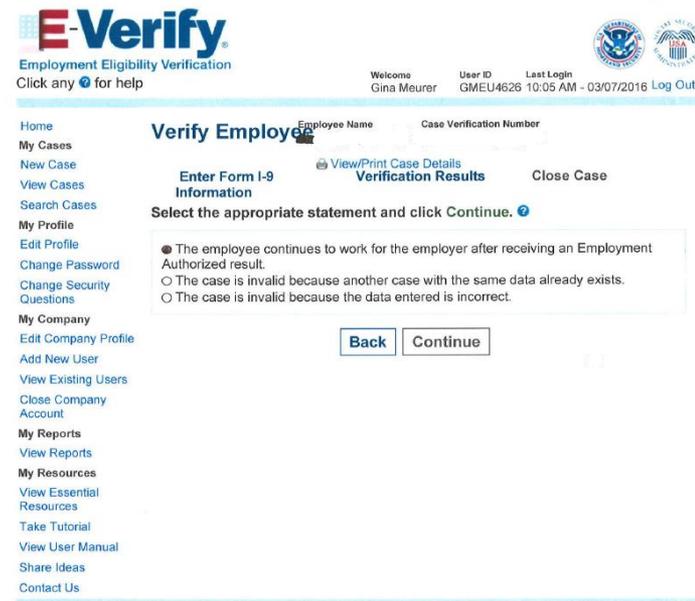
Closing a Case

Page 1 of 1



The screenshot shows the E-Verify 'Verify Employee' page. The user is logged in as Gina Meurer (User ID: GMEU4626, Last Login: 10:05 AM - 03/07/2016). The page title is 'Verify Employee' and the current step is 'Enter Form I-9 Information'. The question asks: 'Is name of employee currently employed with this company?'. The 'Yes' radio button is selected. There are 'Back' and 'Continue' buttons at the bottom of the form. The left sidebar contains navigation links for Home, My Cases, New Case, Search Cases, My Profile, My Company, My Reports, My Resources, and Contact Us. The footer includes the U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services logos and links.

Page 1 of 1



The screenshot shows the E-Verify 'Verify Employee' page. The user is logged in as Gina Meurer (User ID: GMEU4626, Last Login: 10:05 AM - 03/07/2016). The page title is 'Verify Employee' and the current step is 'Verification Results'. The question asks: 'Select the appropriate statement and click Continue.'. Three radio buttons are provided: 'The employee continues to work for the employer after receiving an Employment Authorized result.' (selected), 'The case is invalid because another case with the same data already exists.', and 'The case is invalid because the data entered is incorrect.'. There are 'Back' and 'Continue' buttons at the bottom of the form. The left sidebar contains navigation links for Home, My Cases, New Case, Search Cases, My Profile, My Company, My Reports, My Resources, and Contact Us. The footer includes the U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services logos and links.

- To complete the verification process, the case must be closed.
- Answer the 1st 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”.

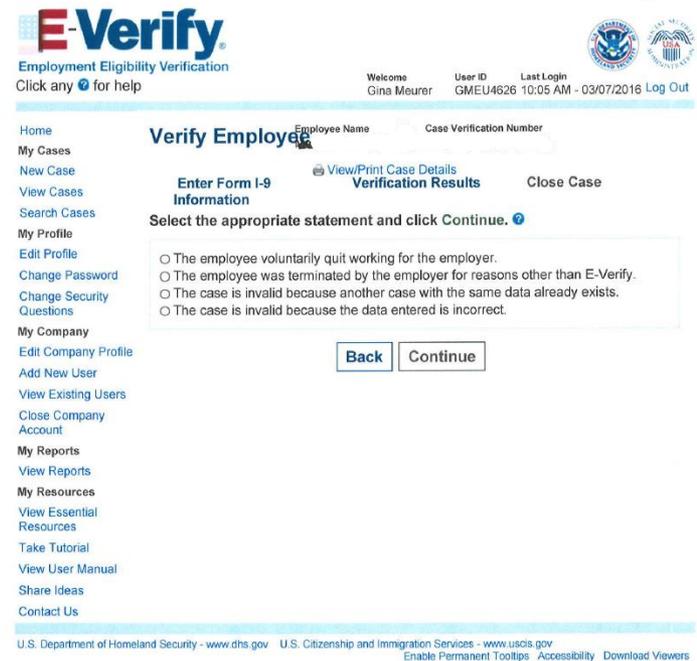
Closing a Case cont.

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U.S. Department of Homeland Security - www.dhs.gov U.S. Citizenship and Immigration Services - www.uscis.gov
Enable Permanent Tooltips Accessibility Download Viewers

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U.S. Department of Homeland Security - www.dhs.gov U.S. Citizenship and Immigration Services - www.uscis.gov
Enable Permanent Tooltips Accessibility Download Viewers

- Answer the 1st question with “no” if you have made a mistake.
- Select the appropriate statement based on the particular case.

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® case.
- Once the I-9 is completed immediately process the E-Verify® case and print the case results.
- Upload the I-9, supporting documentation, and the E-Verify® case results to the Epaf for approval.
- No Epaf's will be approved without a completed Form I-9 and E-Verify® results.

- Once granted access to E-Verify® 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.

Required Posters – Must Be Visible to Prospective Employees

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions 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-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports, with the official U.S. government photograph. E-Verify also checks 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 against 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/uscis.

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

E-Verify Works for Everyone
For more information on E-Verify, please contact DHS:

888-897-7781
www.dhs.gov/E-Verify



E-VERIFY IS A SERVICE OF DHS AND SSA.
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**IF YOU HAVE THE RIGHT TO WORK,
Don't let anyone take it away.**



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.
- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.
- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

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

For assistance in your own language:
Phone: 1-800-255-7688 or (202) 616-5564
For the hearing impaired:
TTY: 1-800-237-2515 or (202) 616-5525

E-mail: oscrt@usdoj.gov

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

U.S. Department of Justice
Civil Rights Division
Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



www.justice.gov/crt/about/usc

Helpful Websites/ links



TEXAS TECH UNIVERSITY
Human Resources™

- <http://www.cbp.gov/i94> - to print I-94

- <http://www.uscis.gov/I-9Central>
 - ▣ [Form I-9](#)

- <http://www.dhs.gov/E-Verify>
 - ▣ [Video: E-Verify How to Create a Case](#)

- <http://www.uscis.gov/SelfCheck>

- **Human Resources Comp & Ops - 742-3851**
hrs.compensation.operations@ttu.edu



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

