Form I-9 Training for Department Representatives

I-9 Training

Course Content

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Form I-9 Purpose

- ▶ Form I–9, Employment Eligibility Verification
- ▶ The purpose of the I-9 form is to verify
 - Identity
 - Authorization to work in the United States

Form I-9 Purpose

- ▶ All new employees must complete a Form I-9
- Renewal of work authorization for international employees
- Federal law provides for civil and criminal penalties for failure to comply with Form I-9 requirements

- Multi-page form includes:
 - Instructions
 - ❖Form I-9
 - List of Acceptable Documents
- Give the employee all pages

- Requirements when hiring a new employee Section 1
 - ✓ Upon Hire, no later than Day One

Section 2

- ✓ No later than Day Three
- ✓ Valid proof of identity and work eligibility

Send documents to Human Resources

- ✓ Original I–9
- Copy of valid documents

Requirements for re-verification/renewal of work authorization

Section 1

Record employee name and SSN

Section 3

Before previous authorization expires

Send documents to Human Resources

- ✓ Original I–9
- Copy of valid documents

- Original I-9 and copies of supporting documents go to Human Resources
- Keep a copy in the departmental file

Department of Homeland Security Form

Form I-9, Employment Eligibility Verification

OMB No. 1615-0047; Expires 08/31/12

U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

G. H. S. F. S.		
Section 1. Employee Information and Verification ($To\ b$	* × · · · ·	
Print Name: Last First	Middle Initial	Maiden Name
Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)
City State	Zip Code	Social Security #
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, tha A citizen of the United States A noncitizen national of the Un A lawful permanent resident (A An alien authorized to work (A until (expiration date, if applica	lited States (see instructions) lien #) lien # or Admission #)
Employee's Signature	Date (month/day/year)	
Preparer and/or Translator Certification (To be completed penalty of perjury, that I have assisted in the completion of this form and	and signed if Section 1 is prepared by a person that to the best of my knowledge the information	n other than the employee.) I attest, under on is true and correct.
Preparer's/Translator's Signature	Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

- To be signed no later than first day of employment
- The employee has three business days to provide supporting documents
 - Provide Instructions pages and List of Acceptable Documents
 - Do not request specific documents

- Is Section 1 complete?
 - Legal Name
 - Signature
 - Citizenship
 - Date

Form I-9; Section 2 Employer Review and Verification

Section 2. Employer Review and Verifica examine one document from List B and one expiration date, if any, of the document(s).)	from Li	o be completed and signed by en ist C, as listed on the reverse of t	nployer. Exam his form, and	ine one document from List A OR record the title, number, and
List A	OR	List B	AND	List C
Document title:			_	
Issuing authority:				
Document #:				
Expiration Date (if any):			_	
Document #:				
Expiration Date (if any):				
CERTIFICATION: I attest, under penalty of the above-listed document(s) appear to be get (month/day/year) and that to employment agencies may omit the date the e	uine an the bes	d to relate to the employee named t of my knowledge the employee i	, that the empl	d by the above-named employee, that oyee began employment on work in the United States. (State
Signature of Employer or Authorized Representative		Print Name		Title
Business or Organization Name and Address (Street N	ame and	Number, City, State, Zip Code)		Date (month/day/year)
Section 3. Updating and Reverification (To be co	ompleted and signed by employer	r.)	
A. New Name (if applicable)			B. Date of Reh	ise (month/day/year) (if applicable)
C. If employee's previous grant of work authorization	has expir	ed, provide the information below for the	document that e	stablishes current employment authorization.
Document Title:		Document #:	E	xpiration Date (if any):
l attest, under penalty of perjury, that to the best of document(s), the document(s) I have examined app				ed States, and if the employee presented
Signature of Employer or Authorized Representative				Date (month/day/year)

To be completed no later than the third day of employment

What document does the employee need?

List A – Establishes both identity and authorization to work in the US

List B – Establishes identity

List C – Establishes eligibility to work

One document from List A

-or-

One from List B and one from List C

- Can I accept this document?
 - Original no faxes or photocopies
 - Signed
 - Unexpired Refer to the List of Acceptable documents for exceptions
 - Appears valid
- Still not sure?
 Contact Human Resources

- Record the Documents
 - Use the correct column
 - ✓ Don't record the List B document in the List C column
 - Use the correct lines in each column
 - ✓ Document Title
 - ✓ Issuing Authority
 - ✓ Document #
 - ✓ Expiration Date
 - Make a copy of each
 - ✓ Attach copies to the I–9
 - Don't copy any additional documents

- Complete the Certification
 - Date of actual first work date regardless of payroll start date
 - Signature, Name, Title
 - UT Department Name and Address
 - Date

Form I-9; Section 3 Updating and Reverification

Section 3. Updating and Reverification (To be completed and signed by employer.)					
A. New Name (if applicable)	ew Name (if applicable)				
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.					
Document Title:	Document #:	Expiration Date (if any):			
l 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		Date (month/day/year)			

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Form I-9; Section 3 Updating and Reverification

- When is Section 3 used?
 - Extension of work authorization
 - Work authorization status changes
 - New Name
- Make a copy of the supporting document

- Social Security Number applied for
 - ❖Complete the I−9 on time
 - Copy the official Receipt Letter (proof that SSN has been requested)
 - ❖Use the SSN on the letter to complete the I-9
 - Send to HR Records as usual
- When SSN card is received
 - Send a copy to HR Records

- Social Security Number Delayed
 - ❖Complete the I−9 on time
 - Copy the official Delay Letter (proof that SSN has been requested)
 - Send to HR Records as usual
- When SSN card is received
 - Send a copy to HR Records

Employment should not continue until immigration status has been resolved!

- Documents Applied for but not received
 - Authorization to work at the university
 - Replacement social security card, driver license, etc.
- ▶ Complete the I-9 on time
 - Copy the official Receipt Notice (proof that document has been requested)
 - Send to HR Records as usual
- When document is received
 - Send a copy to HR Records

- ▶ Late I–9
 - Document the reason in writing
 - ❖Attach to the original I-9
 - Send to HR Records with all other documents
- Review and correct your procedures
 - ❖Form I-9 is a federal compliance requirement

- ▶ I-9 Checklist for Department Representatives
- ▶ I-9 Handbook for Employers
 - Published by the U.S. Citizenship and Immigration Services
 - If working with an international employee, contact your local Center for International Education

For Assistance

Human Resources:

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