Form I–9 Training for Department Representatives
I–9 Training

Course Content
- Purpose of the Form I–9
- Introduction to the Form I–9
- Form I–9, Section 1
- Form I–9, Section 2
- Form I–9, Section 3
- I–9 Exceptions and Special Situations
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
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
Form I–9 Introduction

- 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
Form I–9 Introduction

- Original I–9 and copies of supporting documents go to Human Resources
- Keep a copy in the departmental file
Form I-9; Section 1
Employee Information and Verification

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.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Name and Number)</th>
<th>Apt. #</th>
<th>Date of Birth (month/day/year)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

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):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #)
- [ ] An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee’s Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer/Translator’s Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)
Form I–9; Section 1
Employee Information and Verification

- 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
Form I–9; Section 1
Employee Information and Verification

- Is Section 1 complete?
  - Legal Name
  - Signature
  - Citizenship
  - Date
Form I–9; Section 2
Employer Review and Verification

Section 2. Employer Review and Verification
(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document title:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing authority:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year)

Signature of Employer or Authorized Representative | Print Name | Title

Section 3. Updating and Reverification
(To be completed and signed by employer.)

A. New Name (if applicable) | B. Date of Relinquish (month/day/year) (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):

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 | 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
Form I–9; Section 2
Employee Information and Verification

- 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
Form 1–9; Section 2
Employee Information and Verification

- Complete the Certification
  - Date of actual first work date regardless of payroll start date
  - Signature, Name, Title
  - UT Department Name and Address
  - Date
Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)  

B. Date of Rehire (month/day/year) (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.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document #:</th>
<th>Expiration Date (if any):</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (month/day/year)</th>
</tr>
</thead>
</table>

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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
I–9 Exceptions and Special Situations

- 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
I–9 Exceptions and Special Situations

- 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!*
I–9 Exceptions and Special Situations

- 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
I–9 Exceptions and Special Situations

- 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 Exceptions and Special Situations

- 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:
  - Connie Walden
  - 224 Conference Center Building
  - 600 Henley Street
  - Knoxville, TN 37996–4125
  - ConnieWalden@utk.edu
  - Phone: (865) 974–1910
  - Fax: (865) 974–8372