

U.S. Citizenship and Immigration Services



# 2023 Revised Form I-9 Workshop for DirectEmployers Association

Presenter: Joel Grauer, E-Verify Engagement Joel.d.grauer@uscis.dhs.gov August 23, 2023

# Agenda

- 🚽 Form I-9 Overview
- End of COVID-19 Flexibilities
- Remote Document Examination
- 🚽 Document Review
- 🚽 I-9 Requirements
- 🚽 E-Verify Overview
- 🚽 User Roles
- Case Processing
- Compliance
- 🚽 Additional Resources







# Working in the U.S.

In 1986, in an effort to control illegal immigration, Congress passed the **Immigration Reform and Control Act (IRCA)**. Individuals who may legally work in the United States:

- Citizens of the United States
- Noncitizen Nationals of the United States
- 🚽 Lawful Permanent Residents
- Noncitizen Authorized to Work



**IRCA** forbids employers from knowingly hiring individuals who do not have work authorization in the United States.



## Form I-9 Requirements

All U.S. employers must properly complete Form I-9 for each individual they hire for employment in the United States.

- Form I-9 is only completed after an offer of employment has been extended and accepted
- As of August 1, 2023, you may use Form I-9, Employment Eligibility Verification, with the 8/1/2023 revision date for all new hires and reverifications.
  - You may continue to use the form with a revision date of 10/21/2019 until October 31, 2023.
- Provide new hires with the <u>Instructions for Form I-9</u> including the <u>Lists of</u> <u>Acceptable Documents</u>
- Form I-9 is available in English and Spanish
  - Only employers in Puerto Rico may use the <u>Spanish version</u> as their official Form I-9
  - Employees may use the Spanish version as a translation guide



# **Changes to Form I-9**

- Reduce length of Form I9 and instructions
- Moved sections to standalone supplements
- Revised the Lists of Acceptable Documents
- Added checkbox to indicate remote examination
- Removed enhanced features to ensure easy download
- Removed use of 'alien authorized to work' in Section 1 and replaced it with 'noncitizen authorized to work'

### \*\* RELEVANT LINK \*\*

Summary of Changes to Form and Instructions



## Section 1: Employee Information and Attestation

## Section 1 is completed by the EMPLOYEE:

- On or before their first day of work for pay
- Biographical Information:
  - Name
  - Address
  - Date of Birth
- Optional Fields:
  - Email Address
  - Telephone Number
- Social Security Number: Employees of E-Verify employers must provide their Social Security Number

Section 1. Employee Info day of employment, but n	rmation and ot before acc	Attestation: E epting a job off	mployees er.	must comp	lete and	sign Sec	tion 1 of F	orm I-9 no la	ter than the first
Last Name (Family Name)		First Name (Give	n Name)		Middle I	nitial (if any)	Other Las	t Names Used (if	fany)
Address (Street Number and Nan	ne)	Apt. Nu	imber (if any)	City or Tow	n			State •	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	curity Number	Employee'	s Email Addres	ŝs			Employee's Te	lephone Number
I am aware that federal law provides for imprisonment fines for false statements, o use of false documents, in connection with the comple this form. I attest, under pe of perjury, that this information including my selection of the attesting to my citizenship immigration status, is true to correct. Signature of Employee	and/or chec or the chec etion of chec analty tion, che box or and checket chec	k one of the followir 1. A citizen of the 2. A noncitizen na 3. A lawful permai 4. A noncitizen (of check Item Numb ISCIS A-Number	g boxes to al United States tional of the U nent resident ther than Item er 4., enter or OR Form	ttest to your cit Junited States () (Enter USCIS In Numbers 2, a ne of these: I I-94 Admissi	izenship o See Instru or A-Numi and 3. abc on Numb	r immigration ctions.) ber.) ve) authoriz er OR Fon Foday's Date	ed to work ur reign Passpo	page 2 and 3 of ntil (exp. date, if a port Number and y)	the instructions.): any) Country of Issuance
If a preparer and/or transla	tor assisted you	ı in completing Se	ction 1, that	person MUST	complete	e the <mark>Prepa</mark>	er and/or Tr	anslator Certific	cation on Page 3.

\*\* RELEVANT LINK \*\*

**Employee Information Sheet** 



## Section 1: Employee Information and Attestation Cont.

## Section 1 is completed by the EMPLOYEE:

## **Attestation**:

- Citizen of the United States
- Noncitizen National
- Lawful Permanent Resident
- Noncitizen Authorized to Work

## Signature and Date

- Employee has three business days to present:
  - 1 List A document

### OR

- 1 List B document AND
- 1 List C document

	Check one of the following	boxes to atte	st to your citizensh	ip or immigra	ation status (See	page 2 a	nd 3 of the	instructions.):
	1. A citizen of the Ur	nited States						
	2. A noncitizen natio	nal of the Uni	ted States (See In:	structions.)				
	3. A lawful permaner	nt resident (E	nter USCIS or A-N	umber.)				
	4. A noncitizen (othe	r than Item N	lumbers 2. and 3.	above) autho	orized to work ur	ntil (exp. d	ate, if any)	
	If you check Item Number	1 enter one	of these:					
K		Form L	04 Admission Nu	mber	Foreign Passn	ort Numb	er and Co	untry of Issuance
	03013 A-Mulliber	OR	54 Admission Nu	OR-	roreigirr assp			
1								
Sec day	tion 1. Employee Information of employment, but not before	n and Attest re accepting	ation: Employees i a job offer.	must compi	e and sign Sect	ion 1 of Fo	orm I-9 no l	later than the first
Las	t Name (Family Name)	e (Family Name) First Name (Given Name) ddle Initial (if any) Other Last Names Used (if any)					(if any)	
Add	Iress (Street Number and Name)		Apt. Number (if any)	City or Town			State	ZIP Code
					_			
Dat	e of Birth (mm/dd/yyyy) U.S. So	cial Security Nur	nber Employee's	Email Address			Employee's	Telephone Number
		Check one of t	he fellowing heres to att	eet te veux eitime	nahin az immigration	atatus (Cas	ness 2 and 2	of the instructions ):
pro	n aware that federal law ovides for imprisonment and/or		ne following boxes to all	est to your citize	enship of infinigration	sidius (See	page 2 and 3	of the instructions.).
fine	es for false statements, or the	2. A nor	cen of the United States	nited States (Se	e Instructions.)			
cor	nnection with the completion of	3. A law	ful permanent resident (	Enter USCIS or	A-Number.)			
this of	s form. I attest, under penalty perjury, that this information,	4. A nor	ncitizen (other than Item	Numbers 2. and	d 3. above) authorize	d to work un	til (exp. date, i	if any)
inc	luding my selection of the box	If you check Ite	em Number 4., enter on	e of these:				
im	migration status, is true and	USCIS A-	Number OR Form	I-94 Admission	Number OR Fore	eign Passpo	ort Number ar	nd Country of Issuance
cor	rrect.							
Sigr	nature of Employee				Today's Date	(mm/dd/yyy)	()	
-	If a preparer and/or translator assis	ted you in com	pleting Section 1, that r	person MUST c	omplete the Prepare	er and/or Tra	anslator Certi	ification on Page 3.
-			2					



## Section 2: Employer Review and Verification

## Section 2 is completed by the EMPLOYER:

- MUST be completed no later than 3 business days after the employee's first day of work for pay
- Employer MUST examine original documents in the presence of employee
- 🚽 Date fields
  - First date of employment
  - Today's Date
- Signature and Date

	List A	OR	List B	AND		List C
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Addition	nal Information			
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)		Check	k here if you used an alterna	tive procedure authori	zed by DH	IS to examine documents.
Certification: I attest, under employee, (2) the above-liste best of my knowledge, the er	penalty of perjury, that (1) I ha d documentation appears to b nployee is authorized to work	ave examined the do be genuine and to re t in the United States	cumentation presented by late to the employee name 3.	the above-named ed, and (3) to the	First D (mm/de	ay of Employment d/yyyy):
Last Name, First Name and Tit	e of Employer or Authorized Re	presentative S	Signature of Employer or Aut	horized Representativ	e	Today's Date (mm/dd/yyyy
Employer's Rusiness or Organi	zation Name	Employer's Busin	ness or Organization Addres	s, City or Town, State	, ZIP Code	e
Employer a Duameaa or organi						
						1
					1	
		U			U	U I
	U TUE	SDAY	WEDNESS		UTHU	RSDAY
FIRST DA OF WOR	U Tue	SDAY	U	Day	U THU 1-9	RSDAY DUE
MONDAY FIRST DA OF WOR		SDAY	WEDNESS		U THU 1-9	



## Section 2: Employer Review and Verification Cont.

- **Document Title:** Enter the title of the document
- Issuing Authority: Enter the specific entity that issued the document
- Document Number: If applicable document number can contain numbers and/or letters
- Expiration Date: If applicable enter expiration date MM/DD/YYYY

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

		Li	st A	OR	List B	A	ND	List C
	Document Title 1							
	Issuing Authority							
	Document Number (if any)							
	Expiration Date (if any)							
	Document Title 2 (if any)			Ad	ditional Information			
	Issuing Authority							
	Document Number (if any)			1				
	Expiration Date (if any)							
	Document Title 3 (if any)							_
cu	ment Title 1							
								S to examine documents.
uin	g Authority							ay of Employment I/yyyy):
cui	ment Number (	if any)						Today's Date (mm/dd/yyyy)
oira	ation Date (if ar	ny)						



Do

## **Examining Documents**

### Acceptable documents must be:

- Original (Photocopies are not permissible)\*
- Unexpired
- **Reasonably appear GENUINE**
- Relate to the individual presenting it

\* You may accept a certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States that bears an official seal.







You must accept a receipt indicating your employee has applied to replace any List A, B, or C document that was **lost**, **stolen** or **damaged**:

- The receipt must be issued by the originating agency
- Employee must present original replacement document or another acceptable document(s) within 90 days of the hire date
- Receipts are never acceptable if employment will last less than 3 business days
- E-Verify cases should be delayed until the replacement document is provided



## **Photocopying Documents**

If you choose to make copies of an employee's documents, you must do so for ALL employees

- Retain document copies with their Form I-9 or their personnel record
- Be consistent and copy all documents employees provide
- Do not destroy or dispose of copies of documents
- E-Verify employers must photocopy the following documents if voluntarily provided by the employee for Form I-9 Section 2:
  - U.S Passport or Passport Card
  - I-155 Lawful Permanent Resident Card
  - I-766 Employment Authorization Document

\*\* RELEVANT LINK \*\*

Section 10.2 Copies of Documents



## Supplement A: Preparer/Translator

Preparer and/or Tr Depart U.S. Citize	Supp ransla ment of enship a	lement A, tor Certification for f Homeland Security nd Immigration Services	Secti	on 1	USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 08/31/2026
Last Name (Family Name) from Section 1.	First Nan	ne (Given Name) from Section 1.	1	Middle initial (if	any) from Section 1.
of Form I-9. The preparer and/or translator must enter the must complete, sign, and date a separate certification a completed Form I-9. I attest, under penalty of perjury, that I have assisted knowledge the information is true and correct.	he emplo rea. Em d in the	yee's name in the spaces prov ployers must retain completed completion of Section 1 of th	ided ab suppler	ove. Each present sheets	oreparer or translator with the employee's the best of my
Signature of Preparer or Translator			Date (m	m/dd/yyyy)	
Last Name (Family Name)	First	Name (Given Name)			Middie Initial (17 any)
Address (Street Number and Name)		City or Town		State	ZIP Code

- Preparer/Translator must complete Supplement A
- Preparer/Translator should enter their home address, not the company address.



## Supplement B: Reverification and Rehires

	Reverificatio Dej U.S. C	Supplemen on and Rehire ( partment of Homela Citizenship and Immi	t B, formerly Section 3 and Security gration Services	)	H Sup OMB Expir	USCIS Form I-9 pplement B No. 1615-0047 res 08/31/2026
Last Name (Family Name) fror	n Section 1.	First Name (Given Na	me) from Section 1.	Middle Initia	al (if any) from	n Section 1.
Instructions: This suppler reverification, is rehired wi the employee's name in th completing this page. Kee <u>Handbook for Employers:</u>	nent replaces Section 3 on ithin three years of the date e fields above. Use a new s p this page as part of the e Guidance for Completing F	the previous version of l the original Form I-9 wa section for each reverific mployee's Form I-9 reco form I-9 (M-274)	Form I-9. Only use this page s completed, or provides pro ation or rehire. Review the Fo rd. Additional guidance can b	if your em of of a leg orm I-9 ins be found in	ployee req al name ch structions l n the_	uires nange. Enter before
Date of Rehire (If applicable)	New Name (# applicable)		1			
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial
Reverification: If the employ continued employment author	vee requires reverification, you orization. Enter the document	ur employee can choose to t information in the spaces	present any acceptable List A below.	or List C d	ocumentati	on to show
Document Title		Document Number (If any)		Expiration	n Date (if any	) (mm/dd/ <b>yyyy</b> )
I attest, under penalty of employee presented doc	perjury, that to the best of r umentation, the documenta	my knowledge, this emp ation I examined appears	loyee is authorized to work in to be genuine and to relate to	the United	d States, a vidual who	nd if the presented it.
Name of Employer or Authoriz	ed Representative	Signature of Employer or A	uthorized Representative	т	oday's Date (	(mm/did/yyyy)
Additional Information (Initi	ial and date each notation.)			Che alte by I	eck here if yo emative proce DHS to exam	ou used an edure authorized hine documents.

- Employers MUST reverify an employee using Form I-9, Supplement B, if their temporary employment authorization status or temporary employment authorization document has expired
- You may also complete Supplement B if you:
  - **Rehire** the employee within 3 years of the date you completed Form I-9\* OR
  - Update the employee's biographic information

\* Do not create a new E-Verify case for an existing employee you are reverifying



## Supplement B: Reverification and Rehires Cont.

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



End of COVID-19 Flexibilities for Form I-9



- E-Verify enrolled employers who completed remote examination of documents for Section 2 prior to August 1<sup>st</sup>, 2023, do not need to subsequently examine documents physically.
- Employers not enrolled in E-Verify (at the time of the remote examinations) who remotely examined documents during COVID flexibilities must now physically examine the documents or have someone at that remote location physically examine documents.



August 23, 2023

## End of COVID-19 Flexibilities for Form I-9 Physical Inspection

- In the presence of the employee, employers must physically inspect all documents previously inspected remotely by August 30, 2023
- Write "COVID-19 Documents physically examined on MM/DD/YYYY" as well as the initials of the person who performed the physical inspection in the Section 2 Additional Information field
- May designate an authorized representative to complete physical document inspection

Employee Info from Section 1	Last Name (Family Name)	First Name	(Given Name)			
List A Identity and Employment Au	OR	List B identity	AND			
Document Title	Document	Title	Docume			
Issuing Authority	Tasuing Au	rhority	Issuing A			
Document Number	Document	Number	Docume			
Expiration Date (if any) (mm/dd/y	Expiration	Date (if any) (mm/dd/yyyy)	Exprato			
Document Title			_			
Issuing Authority	Addition	al Information				
Document Number	Rei	Remote inspection				
Expiration Date (if any) (mm/dd/y	con	npleted 05/0	01/2021			
Document Title		VTD-10 Dec	umante			
Issuing Authority	Dh	vically evan	nined			
Document Number	08/	02/2023 (in	itials)			
Expiration Date (if any) (mm/ddly)	1997	08/02/2023 (mullis)				

### \*\* RELEVANT LINK \*\*

Form I-9 Completion Examples



Employers may designate, hire, or contract with any person you choose to complete, update or make corrections to Section 2 or Supplement B on your behalf. This person is known as an <u>Authorized Representative</u>.

- He or she must carry out full Form I-9 responsibilities
- Employees CANNOT act as authorized representatives for their own Form I-9
- Employers are still liable for any violations, including any violations of the employer sanctions laws committed by your authorized representative



## Authorized Representative Challenges

### **Common Challenges:**

- Administrative burdens to coordinate and support authorized representatives
- Increased error rates
- Employees privacy concerns

### **Examples of Authorized Representatives:**

- Any member of the general public
- Personnel officer
- 🚽 Foreman
- 🚽 Agent
- 🚽 Supervisor
- \*Notary Public where permissible

\*This person is not acting in the capacity of a notary. This person must perform the same required actions to complete the verification process on your behalf as any other authorized representative, including signatures. When acting as an authorized representative, a notary public should not provide a notary seal on Form I-9.



## Authorized Representative Best Practices

You are not required to have a contract or other specific agreement with your authorized representative for Form I-9 purposes. You are responsible for ensuring that the person who completes the Form I-9 on your behalf is authorized to do so.

Some Best Practices to consider:

- Implement robust quality control and review procedures to minimize and correct errors
- Develop training and resources for authorized representatives
- Discuss potential limitations on who may serve as authorized representatives with counsel



## End of COVID-19 Flexibilities for Form I-9 Alternative Procedure

- To qualify for the alternative procedure, the employer must have:
  - Performed remote examination of an employee's documents between March 20, 2020, and July 31, 2023;
  - Been enrolled in E-Verify at the time they completed the Form I-9 for that employee;
  - Created a case in E-Verify for that employee (except for reverification); and
  - Be currently enrolled in and continue to participate in E-Verify.

Employee Info from Section 1	Last Name Washingt	(Family Name) :on	First Name <i>(Give</i> George	n Name)   1
List A Identity and Employment Au	thorization	OR	List B Identity	AND
Document Title		Document Title		Docume
N/A		Driver's license issu	ed by state/territory	Social Se
Issuing Authority		Issuing Authority		Issuing /
N/A		Virginia		Social
Document Number		Document Number		Docume
N/A		123456		12345
Expiration Date (If any) (mm/dd/y)	vyy)	Expiration Date (if a	any) (mm/dd/yyyy)	Expiratio
N/A		02/22/2022		N/A
Document Title				
N/A				
International Academic New York				
Issuing Authority		Additional Inform	nation	
N/A		Additional Inform Remote inspec	nation tion	
N/A Document Number		Additional Inform Remote inspection completed on	nation tion 03/30/2020	
N/A N/A N/A		Additional Inforr Remote inspec completed on	nation tion 03/30/2020	
Issuing Authonity N/A Expiration Date (if any) (mm/dd/y)	vyy)	Additional Inform Remote inspect completed on Alternative P	nation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Expiration Date (if any) (mm/dd/y) N/A	1999)	Additional Inform Remote inspect completed on Alternative P Examined on 0 AA	nation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Expiration Date (if any) (mm/dd/y) N/A Document Title	vyy)	Additional Inform Remote inspect completed on Alternative P Examined on 0 AA	nation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/y) N/A Document Title N/A	(YY)	Additional Infor Remote inspec completed on Alternative P Examined on 0 AA	<b>nation</b> tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/y) N/A Document Title N/A Issuing Authority	NY)	Additional Infor Remote inspec completed on Alternative P Examined on 0 AA	mation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/y) N/A Document Title N/A Issuing Authority N/A	yyy)	Additional Infor Remote inspec completed on Alternative P Examined on 0 Ah	mation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority X/A Document Number N/A Expiration Date (if any) (mm/dd/y) N/A Document Title X/A Issuing Authority X/A Document Number	9997	Additional Infor Remote inspec completed on Alternative P Examined on 0 AA	mation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/y) N/A Document Title N/A Issuing Authority N/A Document Number N/A N/A	ayy)	Additional Infor Remote inspec completed on Alternative P Examined on 0 AA	mation tion 03/30/2020 rocedure 8/15/2023	
Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/y) N/A Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/y)	000	Additional Infor Remote inspec completed on Alternative P Examined on 0 AA	mation tion 03/30/2020 rocedure 8/15/2023	

Section 2. Employer or Authorized Representative Review and Verificat

### \*\* RELEVANT LINK \*\*

<u>E-Verify Employers May Use</u> <u>Alternative Procedure</u>



# What is Remote Document Examination?

- An option for employers to remotely examine Form I-9 documents
- Alternative to physical document inspection
- E-Verify participation required
- E-Verify employer in good standing
- Must be offered consistently to all employees
- **W** Hybrid method:
  - Remote document examination for remote employees
  - Physical document inspection for on-site employees

### \*\* RELEVANT LINK \*\*

**Remote Examination of Documents** 



## **Remote Document Examination Procedures**

- Employee transmits Form I -9 documentation to their employer
- Employer conducts a live video interaction with the employee
  - Employee must show the same document(s) they transmitted
  - Employer examines the documents presented during the interaction to ensure they reasonably appear to be genuine and relate to the employee
- Employer retains Form I-9 document copies with Form I-9

Remotely **examine** your employee's I-9 documents via live video



## Indicate Alternative Procedure on Form I-9

- On the Form I-9 dated 10/21/2019, notate "Alternative Procedure" in the Additional Information field in Section 2.
- On the Form I-9 dated 08/01/2023, check the box to indicate that you used an alternative procedure in the Additional Information field in Section 2.

Section 2. Employer business days after the e authorized by the Secret documentation in the Ad	Review and Verification: En employee's first day of employme ary of DHS, documentation from ditional Information box; see Inst	nployers or their a nt, and must phys List A OR a comb ructions.	authorized representat sically examine, or exa pination of documentat	ive must complete and mine consistent with a tion from List B and Lis	sign <b>Section 2</b> within three n alternative procedure t C. Enter any additional	
	List A	OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additiona	al Information			_
Issuing Authority						
Document Number (if any)		Addi	tional Infor	mation		
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)		Check	here if you used an altern	ative procedure authorize	d by DHS to examine documents.	
Certification: I attest, und	er penalty of perjury, that (1) I have	examined the doc	umentation presented b	by the above-named	First Day of Employment (mm/dd/vvvv):	
best of my knowledge, the	employ Contract in the					
Last Name, First Name and	Title of E	re if you u	ised an alterr	native proced	ure authorized by	y DHS to examine documents.
Employer's Business or Org	anization Name	Employer's Busine	ess or Organization Addre	ess, City or Town, State, Z	P Code	



## **Lists of Acceptable Documents**

#### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANE	Documents that Establish Employment Authorization
U.S. Passport or U.S. Passport Card     Permanent Resident Card or Alien	-	<ol> <li>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or</li> </ol>	<ol> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:</li> </ol>
Registration Receipt Card (Form I-551)     S. Foreign passport that contains a     temporary I-551 stamp or temporary     I		information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local	(1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
readable immigrant visa     4. Employment Authorization Document		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
5. For an individual temporarily authorized		3. School ID card with a photograph	<ol> <li>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> </ol>
of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate
a. Foreign passport, and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States
<li>b. Form I-94 or Form I-94A that has the following:</li>		6. Military dependent's ID card	bearing an official seal
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	A. Native American tribal document     E. U.S. Citizen ID Card (Form L 197)
(2) An endorsement of the		8. Native American tribal document	G. Identification Card for Use of Resident
individual's status or parole as long as that period of		<ol> <li>Driver's license issued by a Canadian government authority</li> </ol>	Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	<ol> <li>Employment authorization document issued by the Department of Homeland Security</li> <li>For examples, see Section 7 and</li> </ol>
Descent from the Endersteid Otates of		10. School record or report card	Section 13 of the M-274 on uscis.gov/i-9-central
<ol> <li>Passport from the Pederated States of Micronesia (FSM) or the Republic of the</li> </ol>		11. Clinic, doctor, or hospital record	The Form I-766, Employment
Marshall Islands (RWI) With Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	
May be prese	enteo	d in lieu of a document listed above for a <mark>tte</mark> For receipt validity dates, see the M-274.	emporary period.
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
<ul> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> </ul>			

\*Refer to the Employment Authorization Extensions page on I-9 Central for more information.



Form I-94 with "RE" notation or refugee stamp issued to a refugee

### **Employee may present either:**

List A document that establishes both identity and employment authorization

### OR

- List B document that establishes identity (for E-Verify employers, List B document must include photo)
   AND
- List C document that establishes employment authorization

You **cannot** specify which document(s) an employee will present from the list.

## List A Documents Permanent Resident Card (Green Card / Form I-551)

- Document Title: Permanent
   Resident Card (Form I-551)
- Issuing Authority: U.S Citizenship and Immigration Services (USCIS)
- Document Number: Also known as the card number is located on the back of the card at the end of the first line
- Expiration Date: The expiration date is located on the front of the document, at the bottom





## List A Documents I-551 Automatic Extensions

- Employers should accept an expired I-551 if presented with a Form I-797 Receipt Notice containing language extending the validity period.
- LPRs may present an expired PRC in combination with this receipt notice as a List A Document:
  - 24 Month Extension Permanent Residents
    - Receipt Notice for Form I-90 Application to Replace Permanent Resident Card
    - Receipt Notice for Form N-400 Application for Naturalization
- Conditional residents may present an expired PRC in combination with this receipt notice as a List C Document:
  - <u>48 Month Extension Conditional Permanent</u> <u>Residents</u>
    - Receipt Notice for Form I-751 Petition to Remove Conditions on Permanent Resident
    - Receipt Notice for Form I-829 Petition by Investor to Remove Conditions on Permanent Resident Status

RECEIPT NUMBER		CASE TYPE 1821 /I-821D	
RECEIPT DATE August 29, 2012	PRIORITY DATE	APPLICANT SMITH, JOHN	
NOTICE DATE October 12, 2012	PAGE 1 of 1		
John Smith 100 Main Street Anytown, D.C. 12345		Notice Type: Approval Notice Valid from 10/12/2012 to 10/11/2014	
Notice of Deferred Action:	11999/1011/06/7778.0 1910/11919/06/7778/09		
This notice is to inform y	ou regarding U.S. Citizen	ship and Inhigration Services's (USCIS) decision on your Form I-821D,	
USCIS. In the exercise of processorial specific period. Deferred Unlass terminated, this de This form does not constit Deament. If granned, you activity affery you case h net provide paraision to activity affery you case h net provide paraision to make sequitate in faith of the sequent and the sequent and the sequence activity affers of notify report a new address. That mathematical the sequence of the sequence of the sequence of the sequence of the sequence of the information before deferre	Lie processionial discret Lie procession and the second second claim to defer removal a the employment authoritat vill receive your Employment is been deferred is likel travel oursies of the full URCS 16 (you change your form may be found at own the partment of Nemelland for warlying information to ensure for marging information to the verif are appropriate if, for ino of deferred action for f has on her request. If a section is continued and a section is co	Los inseaded to defer solon in pur case. Deformed action is an pursue cite received of an individual from the United States for a loss on the pursue of the received of a subject of the sole of th	
Please see the additional in IMMIGRATION & NAT TEXAS SERVICE CEN P © BOX 851488 - MESQUITE TX 7	formation on the back. You GRALIZATION SERVIC TER DEPT A 5195-1488	u will be notified separately about any other cases you filed.	



## List A Documents Foreign Passport that contains I-94 with I-551 Stamp or MRIV

## 🥒 🛛 Form I-551 Stamp

- Proof of Permanent Residence
   Status until valid date
- Often located in Foreign passports and on I-94 Arrival/Departure records and Immigration court documents
- Temporary Form I-551
   printed Notation on a Machine Readable Immigrant Visa (MRIV)
  - Proof of Permanent Residence
     Status for 1 Year from the date
     of admission





## List A Documents Employment Authorization Document (EAD / Form 1-766)

- **Document Title:** Employment Authorization Document (Form I-766)
- Issuing Authority: U.S Citizenship and Immigration Services (USCIS)
- Document Number: Also known as the card number is located on the front of the card and on the back at the end of the first line
- Expiration Date: The expiration date is located on the front of the document, at the bottom





## List A Documents I-766 Automatic Extensions (TPS)

Employers should accept an expired I-766 in the following scenarios:

- EAD contains a Temporary Protected Status (TPS) Category (A12 or C19)
- Sometimes DHS must issue a blanket automatic extension of the expiring EADs for TPS beneficiaries of a specific country in order to allow time for EADs with new validity dates to be issued.
- Countries eligible for TPS and auto extension information can be found on the country-specific <u>Temporary Protected Status</u> webpage or by clicking on the country name below

Countries Currently Designated for Temporary Protected Status			
<u>Afghanistan</u>	<u>Burma (Myanmar)</u>	<u>Cameroon</u>	<u>El Salvador</u>
<u>Ethiopia</u>	<u>Haiti</u>	<u>Honduras</u>	<u>Nepal</u>
<u>Nicaragua</u>	<u>Somalia</u>	<u>South Sudan</u>	<u>Sudan</u>
<u>Syria</u>	<u>Ukraine</u>	<u>Venezuela</u>	<u>Yemen</u>



## List A Documents I-766 Automatic Extensions (DED)

- EAD contains a Deferred Enforced Departure (DED) Category of A11
- Eligibility requirements for <u>Deferred Enforced Departure (DED)</u> are based on the terms the president specifies in each DED directive. Each presidential directive includes the criteria for an individual to be covered by DED and certain exceptions for individuals who are not covered.
- DED is in the president's discretion to authorize as part of his constitutional power to conduct foreign relations. Although DED is not a specific immigration status, individuals covered by DED are not subject to removal from the United States for a designated period of time.

Countries Currently Covered Under DED		
<u>Liberia</u>	Hong Kong	



## List A Documents I-766 Automatic Extensions (I-797/I-797C)

- EAD is presented with a Form I-797 or
   I-797C Receipt Notice Containing
   language extending the validity period
  - Received date on the notice is prior to the EAD expiration date
  - EAD category matches class requested on the notice
    - 180 Day Auto Extension: Normal
    - <u>540 Day Auto Extension</u>: Certain categories apply
- Employment Authorization Document (EAD) Automatic Extension Calculator





## List C Documents Employment Authorization Document Issued by DHS

- Some Employment Authorization Documents issued by the Department of Homeland Security (DHS) include but are not limited to:
  - Form I-94 Arrival/Departure record
  - Form I-571 Refugee Travel Document
  - Unexpired From I-327, Reentry Permit
  - Form N-560, Certificate of U.S. Citizenship
  - N-561, Replacement Certificate of Citizenship
  - N-550, Certificate of Naturalization
  - N-570, Replacement Certificate of Naturalization
  - From I-797 issued to a conditional resident in combination with expired From I-551

 Employment authorization document issued by the Department of Homeland Security

For examples, see <u>Section 7</u> and <u>Section 13</u> of the M-274 on <u>uscis.gov/i-9-central</u>.

The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.

### \*\* RELEVANT LINKS \*\*

Section 7 and Section 13 of the M-274

**I-9 Central Acceptable Documents** 



# Storage

### How to store Form I-9:

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

### \*\* RELEVANT LINK \*\*

### Form I-9 Retention and Storage





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

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

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

### OR

If they worked for more than two years, retain their form for one more year after the date they stop working for you





It is a best practice to conduct an internal audit on Forms I-9 annually:

- Develop a transparent process
- Arrange for annual Form I-9 audit by an external auditing firm or a trained employee not otherwise involved in the Form I-9 process
- Review all Forms I-9 or a sample of Forms I-9 based on neutral and non-discriminatory criteria
- Audits should be carefully conducted to prevent even the perception of discrimination or retaliation

\*\* RELEVANT LINK \*\*

**Guidance for Conducting Internal Audits** 



## If you discover a mistake on Form I-9:

- Only employees may correct errors or omissions in Section 1
- Only employers or authorized representatives may correct errors or omissions in Section 2 and Supplement B
- Draw a line through incorrect information
  - Do not conceal errors by erasing text or using correction fluid
- Enter the correct or missing information
- Initial and date the correction or missing information
- To correct multiple errors, redo the section on a new Form I-9 and attach it to the old form. Attach a written explanation describing why you created a new Form I-9



## **Correcting Form I-9 cont.**

### If you discover you are missing the Form I-9 for an employee:

- Complete the form as soon as possible
- Do not backdate the form
- Attach a signed and dated explanation

### If you discover the wrong version of the Form I-9 was completed:

- Confirm documentation presented was acceptable under Form I-9 rules that were current at the time of hire
- Staple outdated form to a blank current version
- Sign the current blank version and provide an explanation



**Correcting Mistakes** 



# Unlawful Conduct

### The INA prohibits four types of unlawful conduct:

- Citizenship or immigration status discrimination
  - Hiring, firing, or recruiting
  - National origin discrimination
    - Hiring, firing, or recruiting
- Unfair documentary practices
  - Request more or different documents than required
  - Reject documents that reasonably appear to be genuine and relate to the employee
  - Specify certain documents that the worker should present
  - Retaliation or intimidation (actual or perceived)
    - Files charges with IER
    - Asserts rights under the law



## Immigrant and Employee Rights (IER)



The anti-discrimination provisions of the INA are enforced by the Department of Justice, Civil Rights Division <u>Immigrant and Employee Rights</u>.

Contact the IER regarding employment discrimination and employee rights and responsibilities.

Worker Hotline	1-800-255-7688	(TDD: 1-800-616-5525)
Employer Hotline	1-800-255-8155	(TDD: 1-800-362-2735)

(Both workers and employers may call anonymously)



## Form I-9 & E-Verify Work Together





# **E-Verify Reminders**

### All employees of E-Verify employers MUST

- Provide Social Security number (SSN) on Form F9
- Select List B documents with photo, if provided for Form +9

### All E-Verify employers MUST

- Use completed Form I-9
- Create E-Verify case by 3rd business day after 1st day of work for pay
- Enter employee email address into E-Verify, if provided for Form I-9
- Keep copy of photo matching document, if provided
- Reverify in Supplement B of Form I-9 only; do not create another E-Verify case



# **E-Verify User Roles**

User Role	Permissions
<b>Program</b> Administrator (at least one required)	The program administrator is responsible for following all E-Verify program rules and staying informed of changes to E-Verify policies and procedures.
General User	Employers can have as many or no general users as they desire. The general user is responsible for following all E-Verify program rules and staying informed of changes to E-Verify policies and procedures.



# **E-Verify User Roles Cont.**

EVerify Home Cases	Reports Resources 🗸			9 ^
				Company Account 🔺
Welcome back,				Company Profile
				Manage Users
Here is what is happening in Newest C	SC Test Account 5 account today			Close Company Account
				User Account 🗸 🗸
$\bigotimes$	<u>-</u> , ,		Ø	Log Out
601 Cases to be Closed	22 Cases with Updates	Cases with Expiring	0 Recen	tly Auto-
		Authorization Docs	Closed	d Cases
View Cases to be Closed	View Updated Cases	View Expiring Doc Cases	View A	uto-Closed Cases
Create New Case	Q Search Cases	ৰ্ণ্ণ View Resources	đ	Contact Us



# **E-Verify User Roles Cont.**

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#### **User Roles**

Hide Filters

#### 734 Users Found

+ Add User

User ID	Last Name	First Name	Status	User Role	Last
JHAL2507			DEACTIVATED	Program Admin	Aug
NBER1010			PENDING REACTIVATION	Program Admin	Oct 1
MMEL1106			DEACTIVATED	General	Dec 1
EKW18762			ACTIVE	Program Admin	Aug
DDUN7969		1)	ACTIVE	Program Admin	Jun C
CDAW7333			DEACTIVATED	Program Admin	Jun 2
MMCA4985		housed	LOCKED	Program Admin	May
HWES4904			DEACTIVATED	General	Mar
CCAI1234			ACTIVE	Program Admin	Aug
BSCA1234			PASSWORD CHANGE REQUIRED	Program Admin	May



# **E-Verify User Roles Cont.**

### Tester Test

### User Information

User ID

TTES1234

User Role Program Administrator

Last Name

Test

Middle Initial

---

Phone Number (123) 456-7890

**Edit User Information** 

#### Password

#### Password Expires

December 31, 2019 (in 1326 days)





Email Address

First Name Tester

#### Access

User Account Status

Locked

Delete User

# **E-Verify Case Processing**







## **E-Verify Case Processing cont.**

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



## **Tentative Nonconfirmation (Mismatch)**

- Employers must notify the employee and complete the referral process within <u>10 federal government working days</u>
- Employer prints the Further Action Notice and reviews it with the employee promptly and privately
- Employee decides whether or not to take action to resolve the mismatch.
- Employer refers case and provides the Referral Date Confirmation for employees who take action
- Employee visits SSA or calls DHS. Se<u>e-Verify What's New</u> for mismatch extensions due to public office closures
- Employer receives updated results in E-Verify and closes the case

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



## **Best Practices:** E-Verify Employer

### **Employers should:**

- Have two or more program administrators
- Be aware that general users can see all cases created by the company
- Use the E-Verify Self-Assessment Guides
- Use E-Verify <u>case reports</u>
- Create Case within 3 days following first day of work for pay
- Use only e-mail addresses provided in Section 1 by the employee
- PhotoMatch is a photo-to-photo match
- All TNC recipients must be given option to take action
- All E-Verify cases must be closed





### **Employers must not:**

- **Use E-Verify to pre-screen applicants**
- Use E-Verify selectively, E-Verify must only be used for all new hires
- Create cases for existing employees\*
- Request specific documents from an employee
- Ask for additional documents if employee gets a mismatch
- Influence employee decision to take action or not take action to resolve on a mismatch
- Terminate or take adverse action against an employee taking action to resolve a mismatch

\* Does not include employers with a federal contract that contains the FAR E-Verify clause



## **Compliance:** E-Verify Account Compliance (AC)

### **E-Verify Account Compliance**

- Helps employers comply with Memorandum of Understanding (MOU) and applicable laws.
  - Display E-Verify Participation Posters
  - Display Right to Work Posters
- Provides guidance on proper use
- Assists employers in avoiding discriminatory practices
- Assists in detecting employer abuses

\*\* RELEVANT LINK \*\*

**E-Verify Account Compliance** 



## Resources

### FORM I-9 & E-VERIFY LINKS

**I-9 Central** 

Form I-9 Documents

**Handbook for Employers** 

**Acceptable Document Examples** 

**Acceptable Receipts** 

**Guidance for Conducting Audits** 

**E-Verify** 

**E-Verify User Manual** 

Webinars Calendar

**Employee Rights Toolkit** 

# Stay Connected...

Follow us on social media for Form I-9, E-Verify, myE-Verify, Self Check, employee rights and more



## **Customer Support**

E-Verify received one of the highest customer service ratings among federal agencies according to the American Customer Satisfaction Survey

- E-Verify Outreach: <u>E-VerifyOutreach@uscis.dhs.gov</u>
- Form I-9 E-Mail: <u>I-9Central@uscis.dhs.gov</u>
- E-Verify E-Mail: <u>E-Verify@uscis.dhs.gov</u>
- 🖌 Employer Hotline: (888) 464 -4218
- 🚽 Employee Hotline: (888) 897 -7781











