I-9 Training

last revised 6.3.2026

Topics:

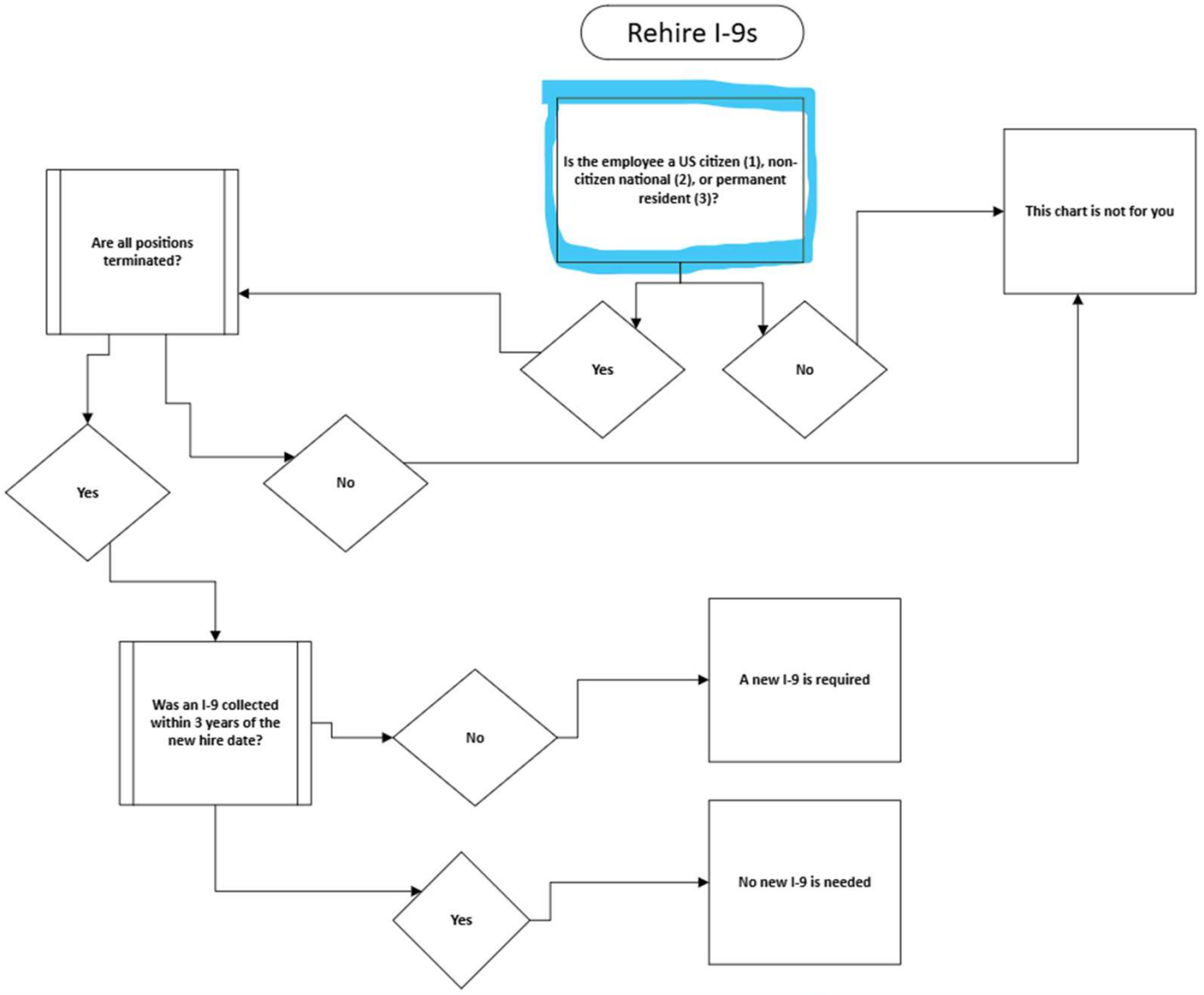
- General I-9 Rules
- Instructions for Employer and Employee
- I-9 for International Employees
- Employment Authorization Documents
- Receipts and Corrections
- Employees Working Outside of Oregon
- Remote I-9 Collection
- E-Verify
- Submission Instructions
- Helpful Links

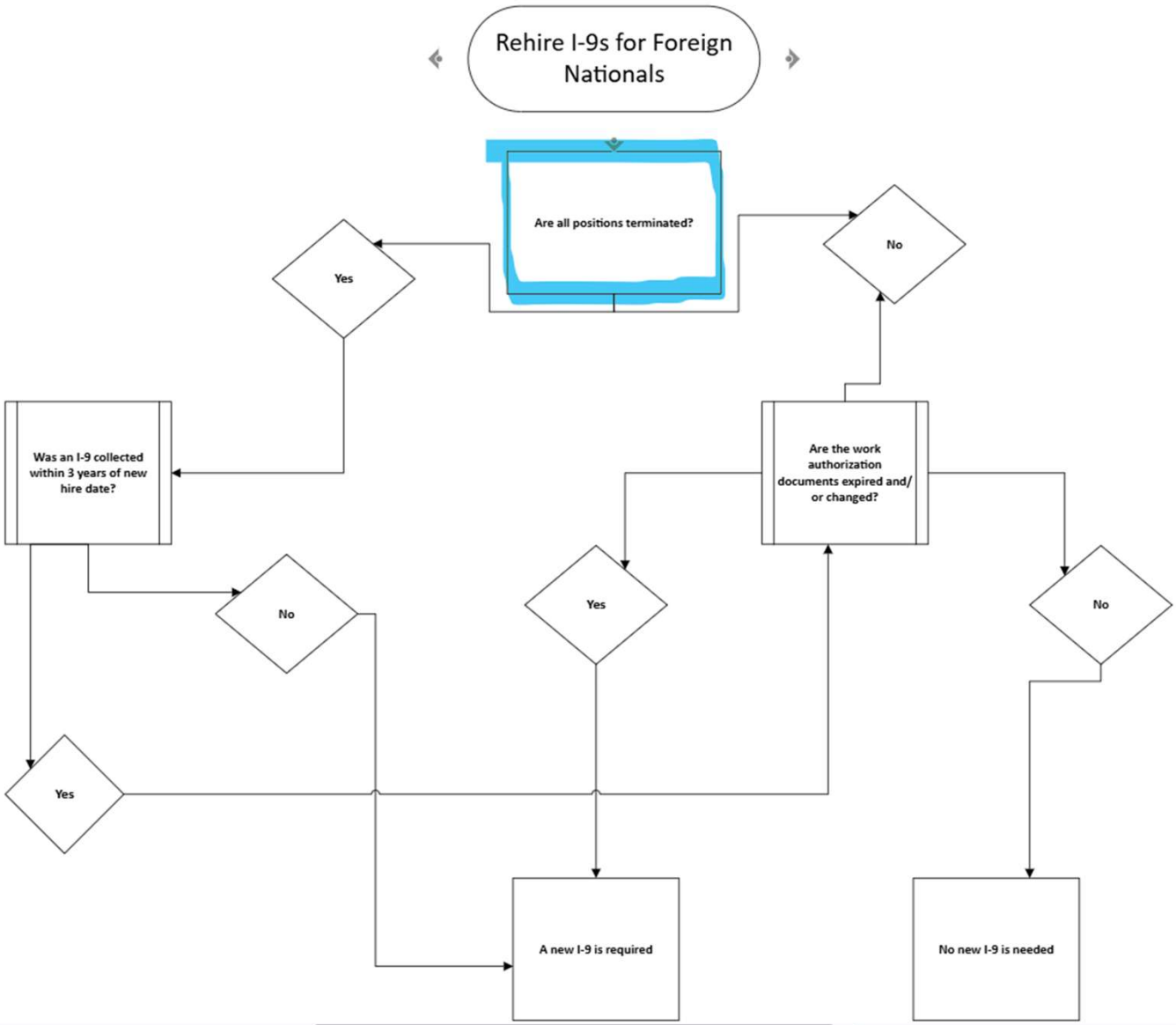
Getting Ready to Complete Form I-9

When do you need an I-9

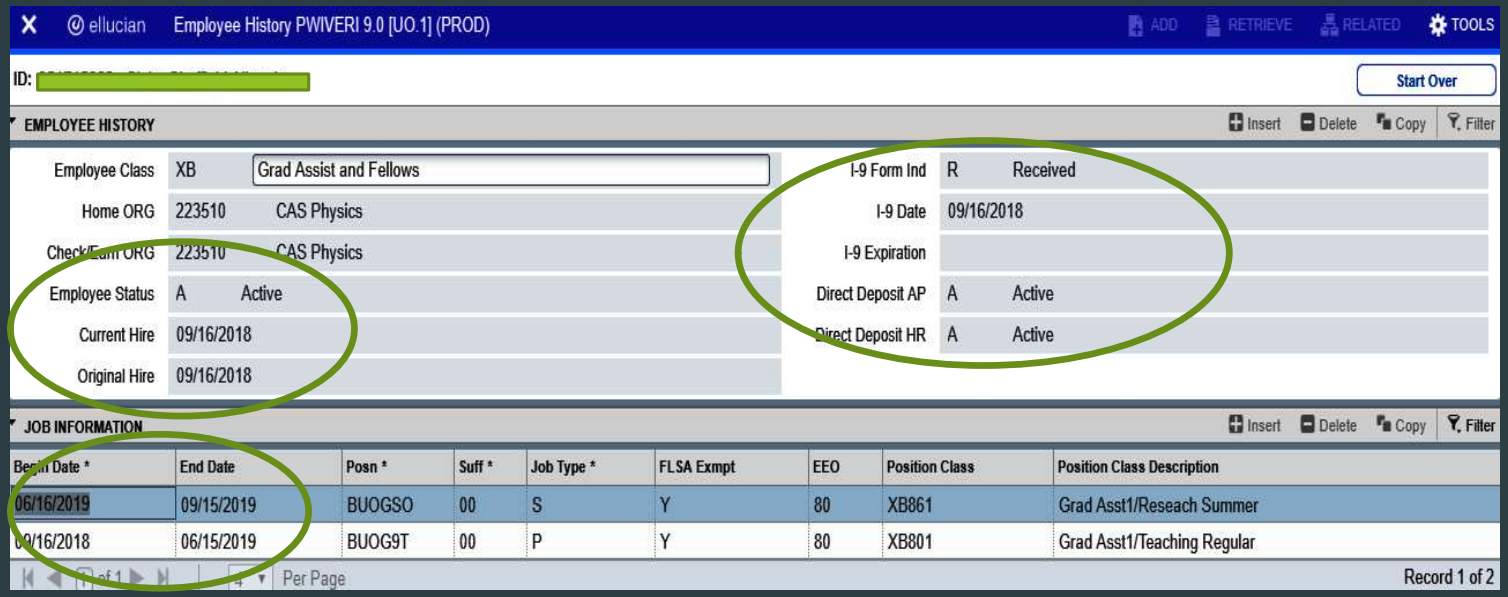
- Brand New Employees

- People that have an employee record, but their only positions have been unpaid (courtesy, campus associate positions, etc.)

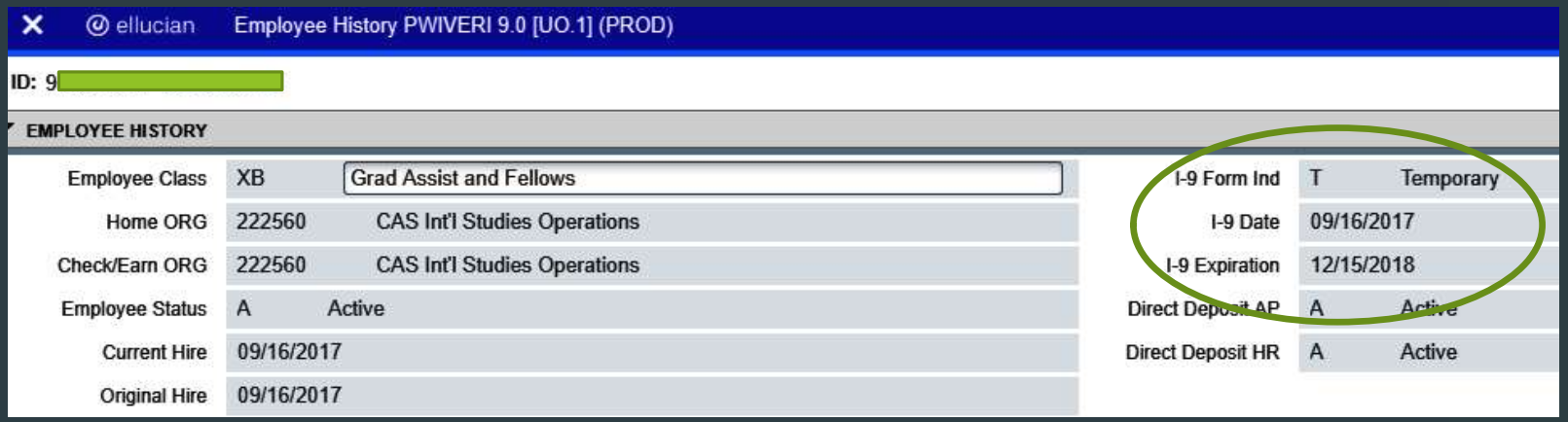

Rehire I-9s
Is the employee a US citizen (1), non-citizen national (2), or permanent resident (3)?
This chart is not for you
Yes
No
Are all positions terminated?
Yes
No
Was an I-9 collected within 3 years of the new hire date?
No
A new I-9 is required
Yes
No new I-9 is needed


Rehire I-9s for Foreign Nationals
Are all positions terminated?
Yes
No
Was an I-9 collected within 3 years of new hire date?
Are the work authorization documents expired and/ or changed?
No
Yes
Yes
No
Yes
A new I-9 is required
No new I-9 is needed

PWIVERI (1)


ellucian
Employee History PWIVERI 9.0 [UO.1] (PROD)
ADD
RETRIEVE
RELATED
TOOLS
ID:
Start Over
EMPLOYEE HISTORY
Insert
Delete
Copy
Filter
Employee Class XB Grad Assist and Fellows
Home ORG 223510 CAS Physics
Check/Earn ORG 223510 CAS Physics
Employee Status A Active
Current Hire 09/16/2018
Original Hire 09/16/2018
I-9 Form Ind R Received
I-9 Date 09/16/2018
I-9 Expiration
Direct Deposit AP A Active
Direct Deposit HR A Active
JOB INFORMATION
Insert
Delete
Copy
Filter
Begin Date * | End Date | Posn * | Suff * | Job Type * | FLSA Exmpt | EEO | Position Class | Position Class Description
06/16/2019 | 09/15/2019 | BUOGSO | 00 | S | Y | 80 | XB861 | Grad Asst1/Reseach Summer
09/16/2018 | 06/15/2019 | BUOG9T | 00 | P | Y | 80 | XB801 | Grad Asst1/Teaching Regular
of 1
Per Page
Record 1 of 2

PWIVERI (2 – I-9 expiration date)



- International documents
- Social security receipts

Important Rules

- You must see the original documents being used for the I-9, not copies of the documents
  - You are signing *under penalty of perjury* that you have seen the originals
- No expired documents
- You cannot tell them which documents they have to use
- Signatures are required
- The I-9 should be completed within three days of the job start date
  - Can be completed as soon as employee is available
  - Employees should not be working unless a valid I-9 is on file
  - If an employee works without a valid I-9, and no I-9 can be collected, then we will set them as *non-compliant,* terminate their employee status, and pay for all hours worked
- Always use the most recent version of the I-9 available; old versions are invalid and will not be accepted

General Tips for Completing Form I-9

When completing Form I-9, you should ensure that:

- The information on the form is clear and can be read.
- The date entered in Section 2 as the date the employee began employment matches the date in payroll records.
- Highlighting marks, hole punches and staples do not interfere with an authorized official's ability to read the information on the form.
- Copies of the documentation retained with Form I-9 are clear and legible, if copies of documentation are made.
- Abbreviations used are widely understood. Do not use an abbreviation that is not widely known.
- All applicable sections of the form are completed.
- The current version of the Form I-9 is used.
- The English version of the form is completed, unless the form is being completed in Puerto Rico.
  - The Spanish version is approved for use only in Puerto Rico.
- Employees are treated in a non-discriminatory manner.

Penalties for Prohibited Practices

https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/110-unlawful-discrimination-and-penalties-for-prohibited-practices/118-penalties-for-prohibited-practices

Failing to Comply With Form I-9 Requirements

- If you fail to properly complete, retain, and/or make Forms I-9 available for inspection as required by law, you may face civil money penalties for each violation. In determining the amount of the penalty, DHS considers:
- The size of your business;
- Your good faith;
- The seriousness of the violation;
- Whether the individual was an unauthorized alien; and
- The history of your previous violations, if any.

Penalties for Prohibited Practices, cont'd

https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/110-unlawful-discrimination-and-penalties-for-prohibited-practices/118-penalties-for-prohibited-practices

Engaging in Fraud or False Statements, or Otherwise Misusing Visas, Immigration Permits, and Identity Document

- You may be fined and/or imprisoned for up to five years if you:
  - Make a false statement or attestation to satisfy the employment eligibility verification requirements;
  - Use fraudulent identification or employment authorization documents; or
  - Use documents that were lawfully issued to another person.
- Other federal criminal statutes may provide higher penalties in certain fraud cases.

Completing Form I-9

Which documents to use to satisfy Form I-9

List A Documents

Documents that Establish Both Identity and Employment Authorization

The documents on List A show both identity and employment authorization. Employees presenting an acceptable List A document should not be asked to present any other document. Some List A documents are in fact a combination of 2 or more documents. In these cases, the documents presented together count as one List A document.

List B Documents

Documents that Establish Identity

The documents on List B establish only identity. Employees who choose to present a List B document must also present a document from List C for Section 2. Employees may present one of the following unexpired List B documents:

List C Documents

Documents that Establish Employment Authorization

Employees who choose to present a List C document must also provide a document from List B, evidence of identity, for Section 2.

https://www.uscis.gov/i-9-central/form-i-9-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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4**, document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) 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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	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.

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

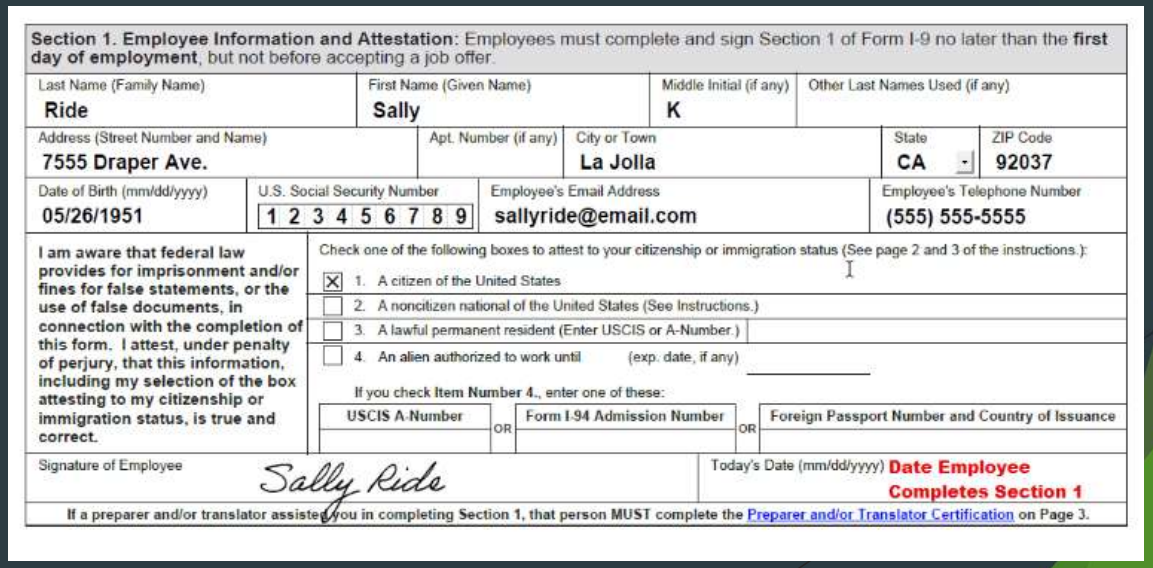
Filling Out the Two Sections

Employee and Employer Parts

Section 1 - Employee

Employee Responsibilities for Section 1

- Full legal name;
  - Employees with two last names (family names) should enter both names. Employees with two first names (given names) should enter both names.
  - Employees with only one name should enter it in the Last Name field, then enter "Unknown" in the First Name field.
  - Employees should include the hyphen (-) or apostrophe (') if their names have them.
  - Employees with a middle name should enter the middle initial.
- Other legal last names used, including a maiden name, if applicable.
- Current address, including street name and number city, state and ZIP code. Include the apartment number or letter if applicable;
- Date of birth;
- Citizenship or immigration status, by checking the appropriate box to indicate whether they are a U.S. citizen, a noncitizen national, a lawful permanent resident of the U.S., or an alien authorized to work in the U.S.;
- If applicable, A-Number/USCIS Number, Form I-94 admission number, or foreign passport number (including country of issuance), and the date employment authorization expires; and
- Signature and the date.



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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
Ride	Sally	K	

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
7555 Draper Ave.		La Jolla	CA	92037

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
05/26/1951	1 2 3 4 5 6 7 8 9	sallyride@email.com	(555) 555-5555

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee: Sally Ride

Today's Date (mm/dd/yyyy) **Date Employee Completes Section 1**

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 1 - Employer

Employer Responsibilities for Section 1

You must review the information your employees provided to ensure:

- They completed all required fields;
- They provided their Social Security numbers if you participate in E-Verify. (If you do not participate in E-Verify, employees are not required to enter their Social Security number.);
- They signed and dated their forms; and the preparer or translator completed, signed, and dated a certification block on Supplement A and/or Translator Certification for Section 1 if the employee used a preparer or translator.

Section 1 – Employer – continued

Employees must sign the form even if a preparer or translator helps them. Each preparer or translator who helps your employee must provide their name and address and must sign and date a separate certification block on Supplement A, Preparer and/or Translator Certification for Section 1.

You must retain completed supplement pages with the employee's completed Form I-9.

The date your employee enters next to their signature should match the date the preparer/translator signed the supplement.

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**
Ride	**Sally**	**K**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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	Date *(mm/dd/yyyy)*
Albert Einstein	**Date Employee Completes Section 1**

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*
Einstein	**Albert**	

Address *(Street Number and Name)*	City or Town	State	ZIP Code
112 Mercer St.	**Princeton**	**NJ**	**08540**

Section 2 - Employee

Employee Responsibilities for Section 2

Employees must present original, acceptable, and unexpired documentation that shows the employer their identity and employment authorization. Your employees may choose to present either:

- One document from List A; or
- One document from List B in combination with one document from List C

In certain cases, employees can present an acceptable receipt for List A, B, or C documents.

List A documentation shows both identity and employment authorization. If an employee presents acceptable List A documentation, do not ask them to present List B or List C documentation.

List B documentation shows identity only and List C documentation shows employment authorization only. If an employee presents acceptable List B and List C documentation, do not ask them to present List A documentation.

- If you participate in E-Verify, and the employee presents a combination of List B and List C documentation, then the List B document must contain a photograph. For more information, visit e-verify.gov.

Section 2 – Employer

The Date the Employer Examined the Employee's Documents

This date is the actual date you complete Section 2 by examining the documentation your employee presents and signing the certification.

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 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.

	List A	OR	List B	AND	List C
Document Title 1	U.S. Passport				
Issuing Authority	Department of State				
Document Number (if any)	000000000				
Expiration Date (if any)	03/15/2025				
Document Title 2 (if any)					
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)					

Additional Information

☑ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy): Date employee began working for pay

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Nelson, Bill - Administrator	Bill Nelson	Date employer reviewed documents and signed

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
NASA	300 Hidden Figures Way SW Washington, DC 20024

Section 2 – Employer – cont'd

Employer Responsibilities for Section 2

As an employer, you or your authorized representative must examine the documentation your employee presents, complete Section 2 and sign and date the form.

The employer or authorized representative must:

- Ensure that any document your employee presents from the Lists of Acceptable Documents is original (except that certified copies of birth certificates are acceptable) or is an acceptable receipt.
- Examine each document to determine if it reasonably appears to be genuine and relates to your employee presenting it. Employers must physically examine documents, except, employers that participate in E-Verify may use an alternative procedure authorized by the Secretary of DHS to remotely examine documents. If you determine the document does not reasonably appear to be genuine and relate to your employee, allow your employee to present other documentation from the Lists of Acceptable Documents.
- Enter the document title, issuing authority, document number (if any) and expiration date (if any) from the document(s) your employee presented.
- Check the box in the Additional Information field if you participate in E-Verify and used an alternative procedure to remotely examine your employee's documents.
- Enter the date your employee began or will begin work for pay.
- Enter the first and last name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.
- Enter the employer's business name and physical address. Employers may not enter a P.O. box as their address. If your company has multiple locations, use the most appropriate address that identifies the location of the employer with respect to the employee and their Form I-9 completion (for example, the address where Form I-9 is completed).
- Return the documentation presented back to your employee.

Section 2 – Employer, cont'd

Entering Dates in Section 2

Section 2 includes two spaces that require dates. These spaces are for:

- Your employee's "first day of employment" which means the commencement of employment of an employee for wages or other remuneration; and
- The date you examined the documentation your employee presented to show identity and employment authorization.

The Date the Employee Began Employment

The date your employee began employment may be a current, past or future date. You should enter:

A current date

- If Section 2 is completed the same day your employee begins employment for wages or other remuneration.

A past date

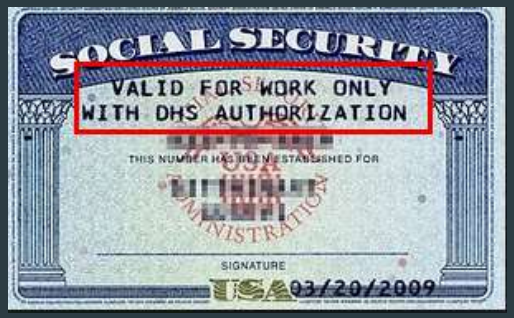
- If Section 2 is completed after your employee began employment for wages or other remuneration, enter the actual date your employee began employment for wages or other remuneration.

A future date

- If Section 2 is completed after the employee accepts the job offer but before he or she will begin employment for wages or other remuneration, enter the date the employee expects to begin such employment. If the employee begins employment on a different date, cross out the expected start date and write in the correct start date. Date and initial the correction.

Social Security Cards

- U.S. Social Security card that is unrestricted. The card must not be laminated. Restricted Social Security cards are not acceptable as List C documents. Employers cannot accept cards bearing any of these notations:
  - NOT VALID FOR EMPLOYMENT
  - VALID FOR WORK ONLY WITH INS AUTHORIZATION
  - VALID FOR WORK ONLY WITH DHS AUTHORIZATION



- For new international employees
  - If they do not yet have an SSN, they must submit the receipt they received from the Social Security Administration when they applied for their SSC
  - https://www.ssa.gov/number-card/request-number-first-time

I-9s for International Employees

F-1, J-1, and H1-B visas.

Foreign Passport vs. Visa – *know the difference*

- Passport – I-9 document

- Visa – *not* an I-9 document

F-1 Nonimmigrant Status

On-Campus Employment

Subject to certain conditions, F-1 students may work on campus without approval from USCIS until they complete their course of study. The F-1 nonimmigrant admission notation on their Form I-94 usually states "D/S" indicating duration of status. The F-1 student's Form I-20 provides a Program End Date field, which is the latest date they can complete the academic program stated on the Form I-20 . The student must enter the program end date in Section 1 as the date employment authorization expires.

In Section 2, you may enter:

- A List A document, including the combination of:
  - A foreign passport; and
  - Form I-94 indicating F-1 nonimmigrant status

or

- List B and List C documents:
  - For example, a state driver's license (List B document) and, under List C #7, a Form I-94 indicating F-1 nonimmigrant status.

We do not require you to record information from the student's Form I-20 in Section 2 for on-campus employment.

F-1 Nonimmigrant Status – cont'd

F-1 Employment Type	Students: Where to Find Your "Authorized to work until" Date for Section 1	Employers: Section 2 Acceptable Documents
On campus	Form I-20, Certificate of Eligibility for Nonimmigrant Student Status, program end date	Unexpired foreign passport and Form I-94, Arrival/Departure Record Or List B and List C document (unexpired Form I-94)
Curricular practical training (CPT)	Form I-20, Certificate of Eligibility for Nonimmigrant Student Status, CPT end date from the employment authorization field	Unexpired foreign passport, Form I-94, and Form I-20 Or List B and List C documents (unexpired Form I-94 with Form I-20)

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: N0004705512

SURNAME/PRIMARY NAME Doe Smith	**GIVEN NAME** John	**CLASS** **F-1** **ACADEMIC AND LANGUAGE**
PREFERRED NAME John Doe-Smith	**PASSPORT NAME**	
COUNTRY OF BIRTH UNITED KINGDOM	**COUNTRY OF CITIZENSHIP** UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980	**ADMISSION NUMBER**	
FORM ISSUE REASON INITIAL ATTENDANCE	**LEGACY NAME** John Doe-Smith	

SCHOOL INFORMATION

SCHOOL NAME SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	**SCHOOL ADDRESS** 9002 Nancy Lane, Ft. Washington, MD 20744
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson PDSO	**SCHOOL CODE AND APPROVAL DATE** BAL214F44444000 03 APRIL 2015

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	**MAJOR 1** Economics, General 45.0601	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 72 Months	**PROGRAM ENGLISH PROFICIENCY** Required	**ENGLISH PROFICIENCY NOTES** Student is proficient
PROGRAM START DATE 01 SEPTEMBER 2015	**PROGRAM END DATE** 31 MAY 2021	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR:** 9 MONTHS	
Tuition and Fees	$ 23,000	Personal Funds	$ 3,000
Living Expenses	$ 6,000	Scholarship and Teaching Assistantship	$ 29,000
Expenses of Dependents (1)	$ 3,000	Funds From Another Source	$
Other	$	On-Campus Employment	$
TOTAL	$ 32,000	TOTAL	$ 32,000

REMARKS

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

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	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Helene Robertson, PDSO	21 April 2015	Ft. Washington,MD

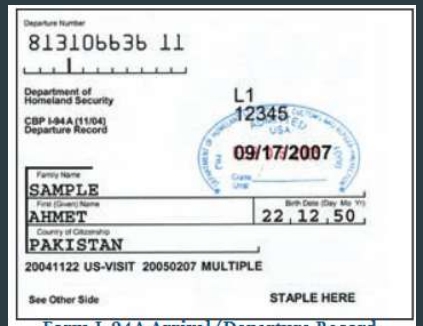
STUDENT ATTESTATION

I have read and agreed 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(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

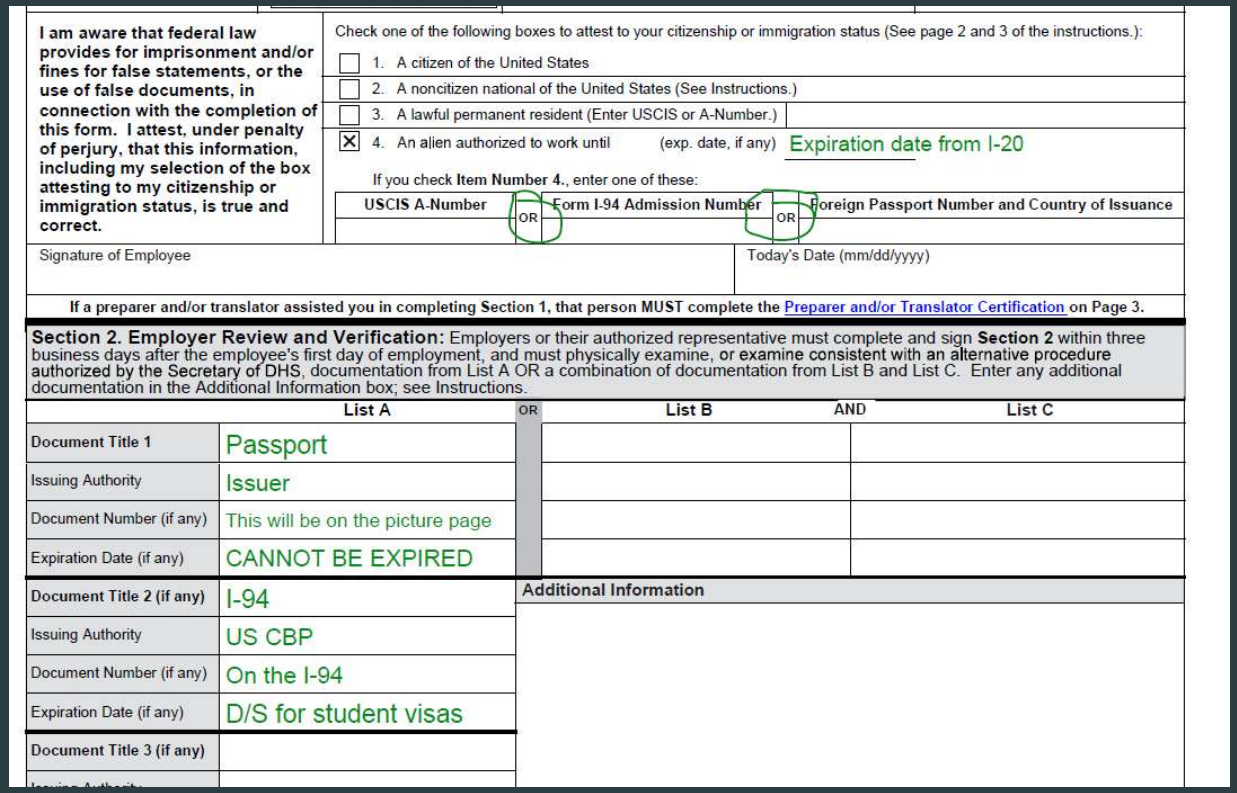
X		
SIGNATURE OF: John Doe Smith		**DATE**
	X	
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)** **DATE**

Electronic vs. Paper I-94

https://i94.cbp.dhs.gov/I94/#/recent-search



Form I-94A Arrival/Departure Record



I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☒ 4. An alien authorized to work until (exp. date, if any) Expiration date from I-20

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee | Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

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.

	List A	OR	List B	AND	List C
Document Title 1	Passport				
Issuing Authority	Issuer				
Document Number (if any)	This will be on the picture page				
Expiration Date (if any)	CANNOT BE EXPIRED				
Document Title 2 (if any)	I-94		Additional Information		
Issuing Authority	US CBP				
Document Number (if any)	On the I-94				
Expiration Date (if any)	D/S for student visas				
Document Title 3 (if any)					

Example with passport and I-94

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☒ 4. An alien authorized to work until (exp. date, if any) Expiration date from I-20

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

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.

	List A	OR	List B	AND	List C
Document Title 1			Driver License		I-94
Issuing Authority			Oregon DMV		US CBP
Document Number (if any)			license number		doc number on I-94
Expiration Date (if any)			CANNOT BE EXPIRED		cannot be expired - may be D/S
Document Title 2 (if any)			Additional Information		

Example with List B and C

F-1 Nonimmigrant Status - continued

Optional practical training (OPT)	Form I-766, Employment Authorization Document (EAD) "Card Expires" date	EAD
OPT science, technology, engineering, and math (STEM)	Form I-766, Employment Authorization Document (EAD)"Card Expires" date	EAD
STEM OPT extension	Form I-766, Employment Authorization Document (EAD) “Card Expires” date Or Expired EAD "Card Expires" date plus 180 days.	EAD or Expired EAD* with Form I-20 endorsed by a designated school official for STEM extension.

J-1 Visa Holders: *Exchange Visitors*

Exchange visitors may work in the United States if the work is part of the participants' approved program (for example, J-1 teachers, professors, summer camp counselors, summer work travel, au pairs) or when the official program sponsor approves their employment (for example, J-1 students). Employers may not employ a J-1 participant knowing that the exchange visitor is performing work outside of their approved program.

The Department of State (DOS) administers exchange visitor programs and designates the sponsors. Program sponsors issue Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status to participants. Exchange visitors come to the United States for a specific period of time to participate in a particular program or activity, as described on their Form DS-2019. Only J-1 exchange visitors with employment authorized under the terms of their program may use Form DS-2019 as documentation when completing Form I-9.

DHS issues exchange visitors Forms I-94 indicating J-1 nonimmigrant status. DOS-designated program sponsors issue Form DS-2019 endorsed by a responsible officer, which indicates the type of work an exchange visitor is authorized to perform. For J-1 students, the responsible officer prepares additional informal documentation (a letter) that verifies employment authorization.

The J-1 exchange visitor must enter the DS-2019 Program End Date in Section 1 as the date employment authorization expires. A J-1 student must enter in Section 1 the end date from their responsible officer letter authorizing employment or the program end date on the DS-2019 if issued for academic training.

J-1 Visa Holders: *Exchange Visitors* – cont'd

The J-1 exchange visitor must enter the DS-2019 Program End Date in Section 1 as the date employment authorization expires. A J-1 student must enter in Section 1 the end date from their responsible officer letter authorizing employment or the program end date on the DS-2019 if issued for academic training.

In Section 2, you may enter:

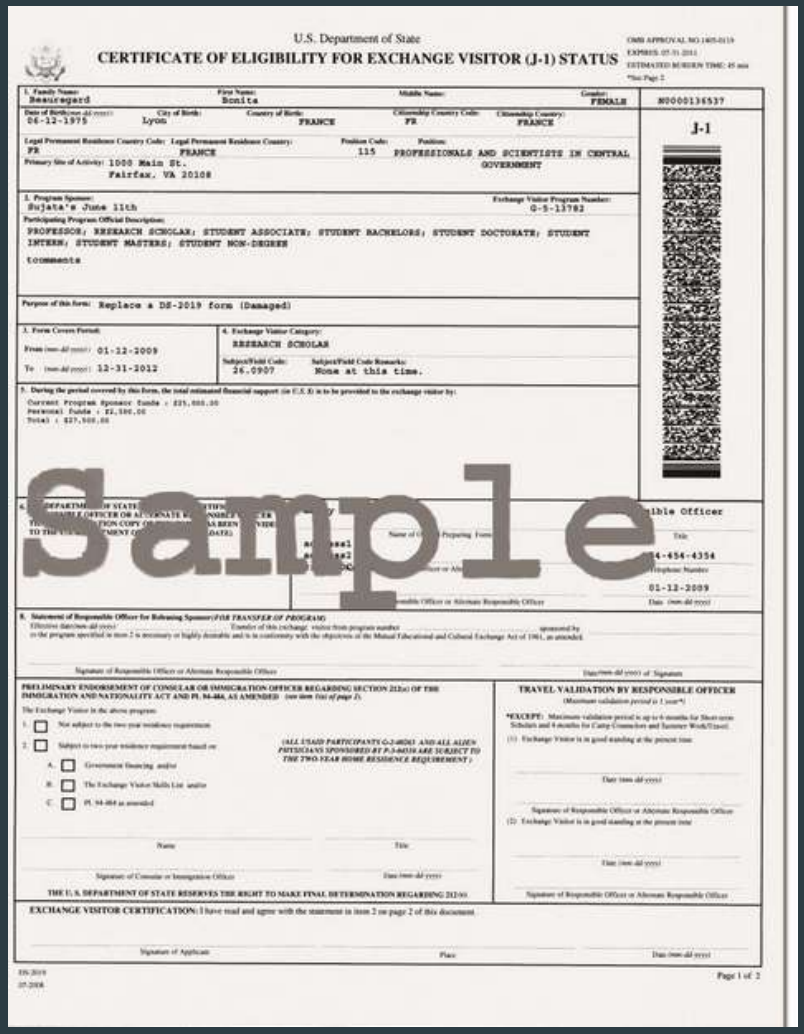
- A List A document, including the combination of: A foreign passport;
- Form I-94 indicating J-1 nonimmigrant status; and
- Form DS-2019 with the responsible officer's endorsement.
  - Enter the Student and Exchange Visitor Information System (SEVIS) number as the document number and the program end date as the document expiration date.
- A J-1 student must also provide a letter from the responsible officer. Enter the document information in the Additional Information field.

or

List B and C documents:

- For example, a state driver's license (List B) and a Form I-94 indicating J-1 nonimmigrant status with a properly endorsed Form DS-2019 (List C #7).
  - Enter the SEVIS number as the document number and the program end date as the expiration date.
- A J-1 student must also provide a letter from the responsible officer. Enter the information in the Additional Information field.

If the J-1 exchange visitor transfers to a different program or changes their sponsor, their Form DS-2019 must indicate the new program or sponsor.



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 07-31-2011
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name: Beauregard | First Name: Sonita | Middle Name: | Gender: FEMALE | N0000136537

Date of Birth (mm-dd-yyyy): 06-12-1975 | City of Birth: Lyon | Country of Birth: FRANCE | Citizenship Country Code: FR | Citizenship Country: FRANCE

Legal Permanent Residence Country Code: FR | Legal Permanent Residence Country: FRANCE | Position Code: 115 | Position: PROFESSIONALS AND SCIENTISTS IN CENTRAL GOVERNMENT

Primary Site of Activity: 1000 Main St. Fairfax, VA 20108

J-1

2. Program Sponsor: Sujata's June 11th | Exchange Visitor Program Number: G-5-13782

Participating Program Official Description:
PROFESSOR; RESEARCH SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE

comments

Purpose of this form: Replace a DS-2019 form (Damaged)

3. Form Covers Period: From (mm-dd-yyyy): 01-12-2009 To (mm-dd-yyyy): 12-31-2012

4. Exchange Visitor Category: RESEARCH SCHOLAR
Subject/Field Code: 26.0907 | Subject/Field Code Remarks: None at this time.

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 : $25,000.00
Personal funds : $2,500.00
Total : $27,500.00

6. [illegible] Officer
Name of Official Preparing Form | Title
[illegible] | 202-454-4354
Responsible Officer or Alternate Responsible Officer | Telephone Number
01-12-2009
Responsible Officer or Alternate Responsible Officer | Date (mm-dd-yyyy)

8. 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 in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational 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(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 3(a) of page 2).

The Exchange Visitor in the above program:
1. ☐ Not subject to the two year residence requirement
2. ☐ Subject to two year residence requirement based on
A. ☐ Government financing and/or
B. ☐ The Exchange Visitor Skills List and/or
C. ☐ PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-00303 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04118 ARE SUBJECT TO THE TWO YEAR HOME RESIDENCE REQUIREMENT.)

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(e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is 1 year*)

*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

(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

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.
Signature of Applicant | Place | Date (mm-dd-yyyy)

DS-2019
07-2008

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 07-31-2011
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name:	First Name:	Middle Name:	Gender:
Beauregard	Bonita		FEMALE

N0000136537

Date of Birth (mm-dd-yyyy):	City of Birth:	Country of Birth:	Citizenship Country Code:	Citizenship Country:
06-12-1975	Lyon	FRANCE	FR	FRANCE

Legal Permanent Residence Country Code:	Legal Permanent Residence Country:	Position Code:	Position:
FR	FRANCE	115	PROFESSIONALS AND SCIENTISTS IN CENTRAL GOVERNMENT

Primary Site of Activity: 1000 Main St.
Fairfax, VA 20108

J-1

2. Program Sponsor:
Sujata's June 11th

Exchange Visitor Program Number:
G-5-13782

Participating Program Official Description:
PROFESSOR; RESEARCH SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE

tcomments

Purpose of this form: Replace a DS-2019 form (Damaged)

3. Form Covers Period:
From (mm-dd-yyyy): 01-12-2009
To (mm-dd-yyyy): 12-31-2012

4. Exchange Visitor Category:
RESEARCH SCHOLAR

Subject/Field Code: 26.0907
Subject/Field Code Remarks: None at this time.

5. During the period covered by this form, the total estimated financial support (in U.S. $) is to be provided to the exchange visitor by:
Current Program Sponsor Funds : $25,000.00
Personal Funds : $2,500.00
Total : $27,500.00

J-1 Letter Example

FULBRIGHT FOREIGN SCHOLARSHIP BOARD

FULBRIGHT

Visa Sponsor

April 16, 2024
Dr. [redacted]
[redacted]
Chicago, IL [redacted]
United States

Dates of sponsorship

Dear Dr. [redacted]

On behalf of the Fulbright Foreign Scholarship Board, I am pleased to congratulate you on your selection for the Fulbright U.S. Scholar award to Uganda in academic year 2024-2025. Our presidentially appointed 12-member Board is responsible for supervising the Fulbright Program worldwide and approving the selection of all Fulbright recipients. Your grant is a reflection of your leadership and contributions to society. It is made possible through funds appropriated annually by the U.S. Congress and, in many cases, by contributions from partner countries and private parties.

The Fulbright Program is devoted to increasing mutual understanding between the people of the United States and the people of other countries. Fulbright is the world's largest and most diverse international educational exchange program. As a Fulbrighter, you will join the ranks of many distinguished program participants. Fulbright alumni have become heads of state, judges, ambassadors, cabinet ministers, CEOs, and university presidents, as well as leading journalists, artists, scientists, and teachers. They include 62 Nobel Laureates, 89 Pulitzer Prize winners, 80 MacArthur Fellows, and thousands of leaders across the private, public and non-profit sectors. Since its inception in 1946, more than 400,000 Fulbrighters have participated in the Program.

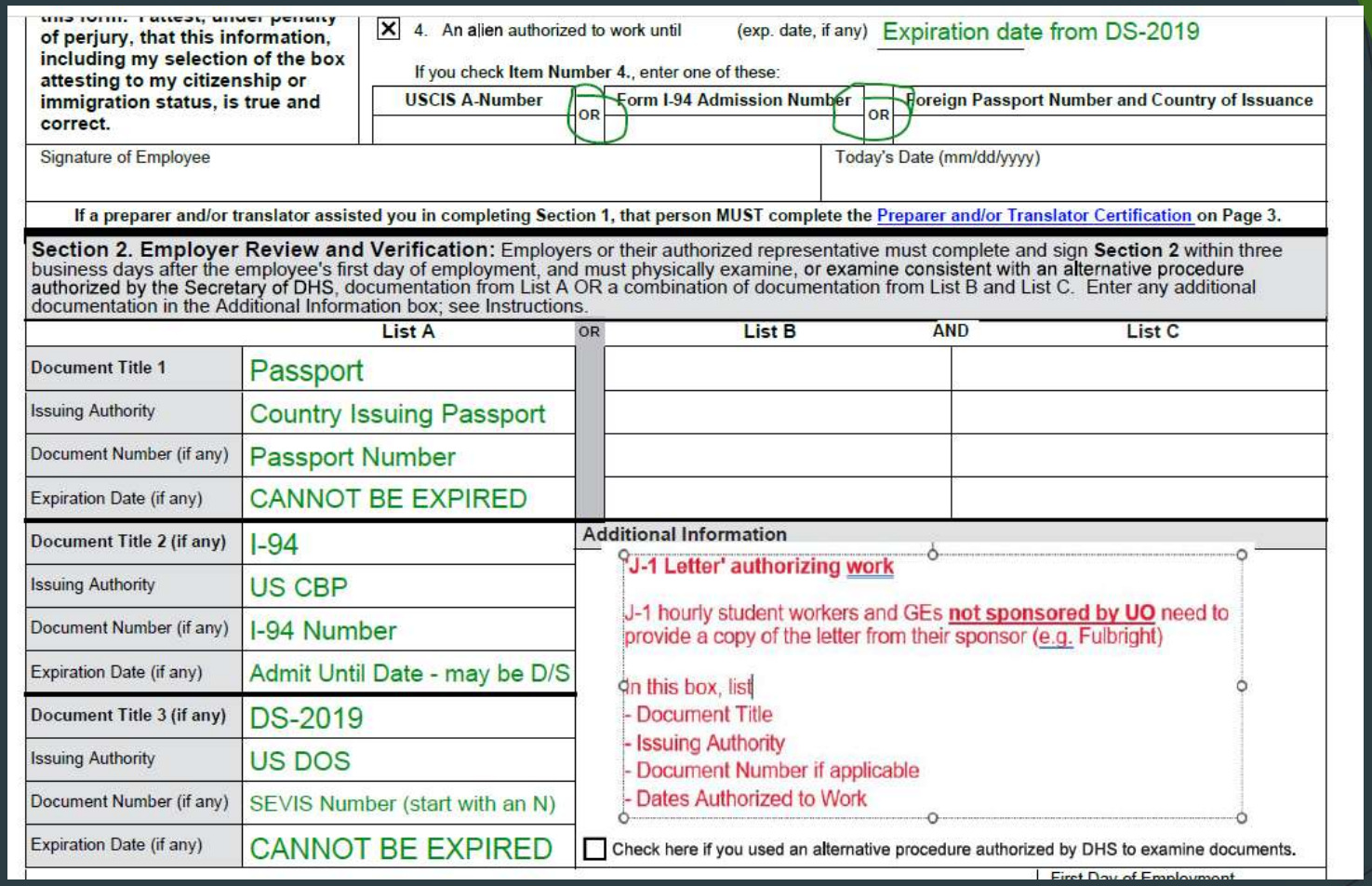
Your award remains contingent upon several factors. Among these are obtaining a secured placement at an institution in your host country, official research clearance from the host country (where applicable), satisfactory medical clearance, and a visa, if required. You will receive additional information on your award from the Fulbright Commission or the Institute of International Education (IIE). After you receive your grant documents, you must sign and return them as instructed. If you have any questions, please contact your program representative at IIE.

The Fulbright Program's goal of developing international understanding depends on you and your commitment to establishing open communication and long-term cooperative relationships. As a Fulbright participant and a representative of your country, you will have the opportunity to work collaboratively with international partners in educational, political, cultural, economic, and scientific fields. We also hope you will engage in your local community while on your Fulbright exchange. In so doing, you will exemplify the qualities of service, leadership, and excellence that have been hallmarks of this Program since it began.

The United States Department of State's Bureau of Educational and Cultural Affairs, which oversees Fulbright Program operations throughout the world, joins the Board in congratulating you. We hope your Fulbright experience will be deeply rewarding professionally and personally, and that you will share the knowledge and experience you gain with many others throughout your life.

Sincerely,

Donna Brazile
Chair



of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

☒ 4. An alien authorized to work until (exp. date, if any) Expiration date from DS-2019

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee | Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

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.

	List A	OR	List B	AND	List C
Document Title 1	Passport				
Issuing Authority	Country Issuing Passport				
Document Number (if any)	Passport Number				
Expiration Date (if any)	CANNOT BE EXPIRED				
Document Title 2 (if any)	I-94				
Issuing Authority	US CBP				
Document Number (if any)	I-94 Number				
Expiration Date (if any)	Admit Until Date - may be D/S				
Document Title 3 (if any)	DS-2019				
Issuing Authority	US DOS				
Document Number (if any)	SEVIS Number (start with an N)				
Expiration Date (if any)	CANNOT BE EXPIRED				

Additional Information

J-1 Letter' authorizing work

J-1 hourly student workers and GEs not sponsored by UO need to provide a copy of the letter from their sponsor (e.g. Fulbright)

In this box, list
- Document Title
- Issuing Authority
- Document Number if applicable
- Dates Authorized to Work

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

First Day of Employment

Example with passport, I-94, DS-2019, and J-1 Letter (needed when the UO is not the sponsor)

H-1B – *Specialty Occupations*

- This visa type is not for students
- The form for the I-9 is called the I-797A
- https://www.uscis.gov/save/about-save/i-94-quick-reference-guide-for-local-state-and-federal-agencies
- https://www.uscis.gov/forms/filing-guidance/form-i-797-types-and-functions
- https://www.uscis.gov/save/current-user-agencies/commonly-used-immigration-documents
- https://isss.uoregon.edu/faculty-scholars/h-1b

Form I-797A Issued by U.S. Citizenship and Immigration Services

PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN-[redacted]
I-94# 6[redacted]
NAME [redacted]
CLASS

VALID FROM 12/25/2016 UNTIL 06/24/2018

PETITIONER: [redacted]

6[redacted]
Receipt Number LIN-[redacted]
United States Citizenship and Immigration Services

I-94
Departure Record

Petitioner: [redacted]

14. Family Name [redacted]
15. First (Given) Name [redacted]
16. Date of Birth [redacted]
17. Country of Citizenship NEPAL

Form I-797A (Rev. 10/31/05) N

H-1B – *Specialty Occupations -cont'd*

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number [redacted]		Case Type 1129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 11/26/2024	Priority Date	Petitioner UNIVERSITY OF OREGON
Notice Date 03/20/2025	Page 1 of 2	Beneficiary [redacted]

UNIVERSITY OF OREGON
c/o LINDSAY PEPPER DIVISION OF GLOBAL
5209 UNIVERSITY OF OREGON
EUGENE OR 97403

Notice Type: Approval Notice
Class: H1B
Valid from 03/20/2025 to 12/31/2027

The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. 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 beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with their other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when they leave the United States. The left part is for their records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, they should present it, along with any other required documentation, when applying for reentry based on this approval notice 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 petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

California Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
PO Box 30111
Tustin CA 92781

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM AS PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# [redacted]
I-94# [redacted]
NAME [redacted]
CLASS H1B
VALID FROM 03/20/2025 **UNTIL** 01/10/2028

PETITIONER
UNIVERSITY OF OREGON
5209 UNIVERSITY OF OREGON
EUGENE OR 97403

[redacted]
Receipt Number [redacted]
US Citizenship and Immigration Services

I94 Departure Record
Petitioner: UNIVERSITY OF OREGON

14. Family Name [redacted]
15. First (Given) Name [redacted]
16. Date of Birth [redacted]
17. Country of Citizenship [redacted]

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

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.

	List A	OR	List B	AND	List C
Document Title 1	Passport				
Issuing Authority	country issuing passport				
Document Number (if any)	passport number				
Expiration Date (if any)	expiration date				
Document Title 2 (if any)	I-797A		Additional Information		
Issuing Authority	USCIS				
Document Number (if any)	I-94 number				
Expiration Date (if any)	I-94 valid to date				
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.		

Employment Authorization Documents

- **This is a List A document**
- Permanent Resident Card
  - Treated the same as a US citizen for payroll paperwork
- Employment Authorization Card
  - OPT, CPT, DACA, Asylum
  - May require additional documents such as a UO-NRA

CURRENT EMPLOYMENT AUTHORIZATION DOCUMENT (FORM I-766) WITH NOTATION "NOT VALID FOR REENTRY TO U.S." FRONT AND BACK

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☒ 4. An alien authorized to work until (exp. date, if any) Expiration date from EAD

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuar

Signature of Employee

Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

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.

	List A	OR	List B	AND	List C
Document Title 1	EAD				
Issuing Authority	US DOS				
Document Number (if any)	USCIS# on card				
Expiration Date (if any)	CANNOT BE EXPIRED				
Document Title 2 (if any)			Additional Information		

Example with EAD

Receipts and Corrections

Acceptable Receipts

https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/40-completing-section-2-employer-review-and-verification/44-acceptable-receipts

- You must accept a receipt in place of List A, B, or C documentation if the employee presents one, unless employment will last less than three business days.
- New employees who choose to present a receipt must do so within three business days after their first day of employment, or for reverification or existing employees, by the date that their employment authorization expires.
- To enter a receipt onto Form I-9:
  - Enter the word "Receipt" followed by the title of the document in Section 2 under the list that relates to the receipt.
- When your employee presents the original replacement document:
  - Cross out the word "Receipt"
  - Enter the information from the new documentation into the Additional Information field in Section 2
  - Initial and date the change.

Corrections:

https://www.uscis.gov/i-9-central/completing-form-i-9/self-audits-and-correcting-mistakes

In Section 1, common mistakes made by employees include:

- Employee does not enter name, other last names used (such as maiden name), address or date of birth
- Employee does not enter A-number/USCIS Number after selecting "A Lawful Permanent Resident."
- Employee does not enter A-Number/USCIS Number or Form I-94 admission number after selecting "An alien authorized to work until."
- Employee does not sign or date the attestation.
- Employee does not complete Section 1 by the first day of employment ("date of hire," meaning the commencement of employment for wages or other remuneration).
- Employee does not check one of the boxes indicating that he or she is a citizen or noncitizen national of the U.S., a lawful permanent resident, or an alien authorized to work until a specified date—or checks multiple boxes attesting to more than one of the above.

Corrections cont'd:

https://www.uscis.gov/i-9-central/completing-form-i-9/self-audits-and-correcting-mistakes

In Section 2, common mistakes made by employers include:

- Employer does not enter acceptable List A document or acceptable List B and List C documents on the form.
- Employer does not enter the document title, issuing authority, number(s) or expiration date for the documentation presented.
- Employer does not enter its business title, name or address.
- Employer does not enter the date employment began (date of hire).
- Employer or employer's authorized representative does not sign, date or enter his or her title, last name, or first name in the certification.
- Employer does not complete Section 2 by the third business day after the date the employee began employment, or, if the employee is hired for 3 business days or less, at the time the employee started employment.

How to Make Corrections

https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/90-correcting-errors-or-missing-information-on-form-i-9

Employers must ensure that all parts of the Form I-9 are properly competed and may be subject to penalties under federal law if the form is not completed correctly.

- If you discover an error or missing information in Section 1 of an employee's Form I-9, you should ask the employee to correct the error or add the missing information. Only employees, or their preparer and/or translator, may correct errors or omissions made in Section 1.
- Have the employee:
  - Draw a line through the incorrect information;
  - Enter the correct or missing information; and
  - Initial and date the correction.
- You should attach a written explanation of why information was missing or needed correcting.
  - If the employee's employment has ended, a signed and dated statement identifying the error or omission attach to the existing form and explain why corrections could not be made, for example, the employee no longer works for you.

Remote Work, Remote I-9 Collection, and E-Verify

Employees Working Outside of Oregon

- If you have an employee that will be working in a non-Oregon location, your unit will need to contact the appropriate offices.
- This is a link to our page with information and instructions:
  - https://ba.uoregon.edu/payroll/employee-working-outside-oregon
- Here is a link to the web form that must be completed for any employees working outside of Oregon, to ensure all deductions etc. are set up correctly.
  - https://app.smartsheet.com/b/form/18cd12f41eea447aad9cbad61b05669f
- If you have questions, please contact Payroll Tax Accountant Crissy Jo Nesbitt.
  - cnesbitt@uoregon.edu
  - 541.346.9135

Remote I-9 Completion

When the I-9 is not being completed within the department

- https://ba.uoregon.edu/payroll/remote-hires

- If an employee will not be in Eugene in time to complete the I-9 within 3 days of start, or is working remotely, you can have an outside party complete the form I-9 with the employee, and the employee will send the completed form to you
- Contact hrinfo@uoregon.edu for assistance finding an authorized representative

- The department gives information to the employee on finding someone to complete the I-9 on behalf of the UO – i.e., the representative
  - In this correspondence, the department should also instruct the employee on how to return the completed form to the department
  - There are links on the Remote Hires Page with instructions for the employee and the representative
  - After that, there are instructions for the department to submit the hire documents to central Payroll

E-Verify for remote employees

- Some states require that E-Verify be completed for employees working there, which will be required in addition to the I-9
  - https://www.e-verify.gov/participating-employer-view
- If you are using a representative to collect the I-9 on behalf of the UO ***and*** they are physically working in a state that requires E-Verify, you have two options:
  - The authorized representative includes the E-Verify certificate for that employee along with the completed I-9 when it is being submitted to you
    - OR
  - You get the completed I-9 and then contact our office for instructions on the required E-Verify portion.
    - If you choose option 2, please contact Crissy Jo Nesbitt, and she will let you know how to proceed.
- REMINDER: E-Verify is *in addition to*, **not** *instead of* form I-9.

E-Verify for remote employees, cont'd

***IMPORTANT STATES THAT REQUIRE E-VERIFY:**

- Alabama, Arizona, Colorado, Florida, Georgia, Idaho, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia and West Virginia all require the use of E-Verify when completing the I-9.
- Using E-Verify is *in addition to*, *not instead of,* completing the I-9.
- The list of CUPA participants from HR Info should include employers already using E-Verify in any state for which it is mandated.
- You can also find participating E-Verify employers here: https://www.e-verify.gov/participating-employer-view

- https://www.e-verify.gov/participating-employer-view

Submitting the I-9 to Payroll

Please be sure that the I-9 is filled out completely and signed by both parties

Include copies of the documents being used to fulfill the I-9

Submit by the document deadline to ensure the position will be in Banner in time for Time Entry

https://ba.uoregon.edu/payroll/hris-deadlines

Submission methods/instructions

https://ba.uoregon.edu/payroll/payroll-document-submission

Submitting the I-9 to Payroll, cont'd

- Link to the Payroll OneDrive Dropbox:
  - https://uoregon-my.sharepoint.com/:f:/g/personal/payroll_uoregon_edu/EvZ2o9thFaZNt9GaQZq2XogBU8_JFVcjNW8CgTotuGtD4A
- When sending in any documents to the Payroll OneDrive, please name the file as follows:
  - "Employee Name – Employee Type"
  - E.g., "Doerksen, Austin – OA"
- This facilitates sorting so the docs go to the correct working folder, and expedites processing times
- Bundled packets and individual forms are available on our Forms page
  - https://ba.uoregon.edu/payroll/payroll-administration/reports-and-forms

Useful Websites

- https://www.uscis.gov/i-9-central/completing-form-i-9
- https://www.uscis.gov/sites/default/files/document/forms/i-9instr.pdf
- https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274
  - *Section 13 includes pictures of all acceptable documents*
- https://www.uscis.gov/i-9-central
- https://www.uscis.gov/i-9-central/form-i-9-resources/questions-and-answers
- https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents
- https://ba.uoregon.edu/payroll/payroll-administration/reports-and-forms
- https://ba.uoregon.edu/payroll/employee-working-outside-oregon
- https://ba.uoregon.edu/payroll/payroll-information-for-employees/international-employee-information
- https://ba.uoregon.edu/payroll/payroll%E2%80%90document%E2%80%90submission

Questions?

Email us at
payroll@uoregon.edu

Call the Payroll main line:
541.346.3151

Visit our office

https://map.uoregon.edu/?z=18&buildingid=705&pc=green&title=Thompson%27s%20University%20Center