I-9 Examples – International Employees

April 2025 updated

All employees who check Item 4 in Section 1 of the I-9 form are required to also input their work authorization document end/expiration date if any.

Update regarding I-20 (F-1 visas): The employee is required to input their I-20 Program End Date in Section 1, Item 4 on the I-9 form. The I-20 information is no longer required to be recorded in Section 2 on the I-9 form for on-campus employment, but a copy of the I-20 is required when submitting the UO-NRA form.

Section 1

Employee Information and Attestation

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or

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.) **Lawful Permanent Resident/Green Card**
4. An alien authorized to work until (exp. date, if any) **I-20, DS-2019, EAC, H1B/I-94 End Date**

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

immigration status, is true and correct.

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.

Item 2 →

American Samoa, former Trust Territory of the Pacific Islands, children of noncitizen nationals born abroad

Section 2
Employer Review and Verification
Work authorization document combination examples

I-20 (F-1 Student visa)

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		Driver Lic or ID Card		I-94 with F-1 status
Issuing Authority	Country issuing passport				US CBP
Document Number (if any)	Passport Number				Admission (I-94) Record Number
Expiration Date (if any)	Expiration Date				Admit Until Date
Document Title 2 (if any)	I-94 with F-1 status				
Issuing Authority	US CBP				
Document Number (if any)	Admission (I-94) Record Number				
Expiration Date (if any)	Admit Until Date (often D/S Duration of Status)				
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):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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I-20 (F-1 visa) Update: The employee is required to input their I-20 Program End Date in Section 1, Item 4 on the I-9 form. The I-20 information is no longer required to be recorded in Section 2 on the I-9 form for on-campus employment, but a copy of the I-20 is required when submitting the UO-NRA form.

I-94 example

DS-2019 (J-1 Visitor visa)

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-94 with J-1 status		Additional Information		
Issuing Authority	US CBP				
Document Number (if any)	Admission (I-94) Record Number				
Expiration Date (if any)	Admit Until Date (often D/S Duration of Status)				
Document Title 3 (if any)	DS-2019				
Issuing Authority	US Dept of State				
Document Number (if any)	N00 ...				
Expiration Date (if any)	Program End Date				

J-1 Letter **if J-1 Letter applies, note in Additional Information box Document Title, Issuing Authority, Date Authorized to Work, Number if applicable**

☐ 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):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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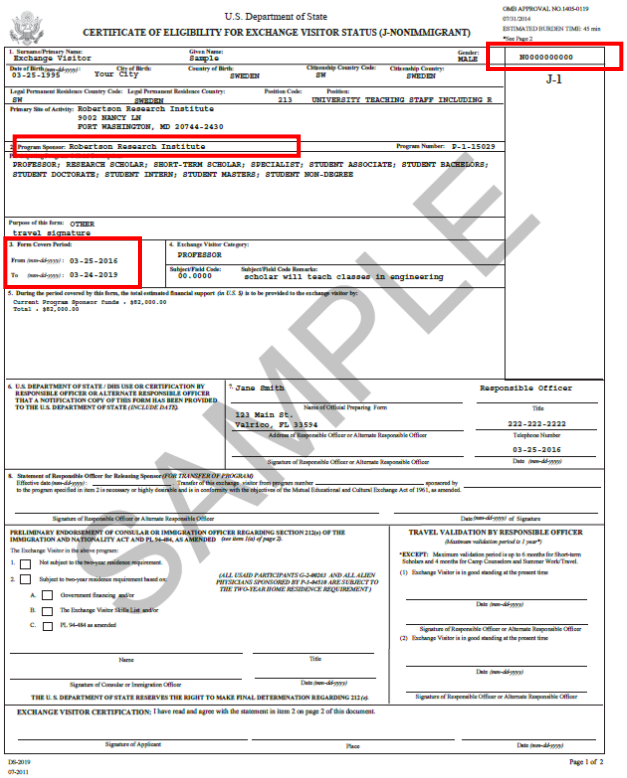
DS-2019 example



U.S. Department of State

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

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

1. Surname/Primary Name: Exchange Visitor
Given Name: Sample
Gender: MALE
N0000000000
Date of Birth (mm/dd/yyyy): 03-25-1995
City of Birth: Your City
Country of Birth: SWEDEN
Citizenship Country Code: SW
Citizenship Country: SWEDEN
J-1
Legal Permanent Residence Country Code: SW
Legal Permanent Residence Country: SWEDEN
Position Code: 213
Position: UNIVERSITY TEACHING STAFF INCLUDING R
Primary Site of Activity: Robertson Research Institute
9002 NANCY LN
FORT WASHINGTON, MD 20744-2430
2. Program Sponsor: Robertson Research Institute
Program Number: P-1-15029
3. Field of Study: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE
Purpose of this form: OTHER
travel signature
3. Form Covers Period: From (mm/dd/yyyy): 03-25-2016 To (mm/dd/yyyy): 03-24-2019
4. Exchange Visitor Category: PROFESSOR
Subject/Field Code: 00.0000
Subject/Field Code Remarks: scholar will teach classes in engineering
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 . $82,000.00
Total . $82,000.00
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).
7. Jane Smith
Name of Official Preparing Form
Responsible Officer
Title
123 Main St.
Valrico, FL 33594
Address of Responsible Officer or Alternate Responsible Officer
222-222-2222
Telephone Number
Signature of Responsible Officer or Alternate Responsible Officer
03-25-2016
Date (mm/dd/yyyy)
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF ENGLISH)
Effective date (mm/dd/yyyy): _____ Transfer of this exchange, under front 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 list 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-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY PA-0-66718 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
07-2011
Page 1 of 2

SAMPLE

Employment Authorization Card (EAC/EAD I-766)

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	EAC				
Issuing Authority	USCIS				
Document Number (if any)	USCIS number ###-###-###				
Expiration Date (if any)	Card Expires Date				
Document Title 2 (if any)			**Additional 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 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):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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Automatic 540-day Extension for some EAC Categories
List A Documents: Need I-797C Notice of Action Receipt Notice and expired EAC with **same category/class code** except TPS, A12/C19 combo ok. **Extension begins the date the EAD expires.**
Categories Eligible for Automatic Extension https://www.uscis.gov/eadautoextend

EAC/EAD/I-766 example

H1B or O1 (Specialty Occupation) status

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 (for UO)**		**Additional Information**		
Issuing Authority	**USCIS**				
Document Number (if any)	**I-94 Record Number**		**(see bottom of I-797A)**		
Expiration Date (if any)	**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.		

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):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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I-797A Notice of Action Approval authorizes employees to work for a specific employer based on this status.

I-797A example

I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number	Case Type
IOE0928982192	I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date: 11/29/2024	Priority Date
Notice Date: 03/20/2025	Page: 1 of 2
	Petitioner: UNIVERSITY OF OREGON
	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 2/31/2027

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 on 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 30113
Tustin CA 92781
USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-797 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records
Receipt# IOE0928982192
I-94# 473182326 A3
NAME [redacted]
CLASS H1B
VALID FROM 03/20/2025 UNTIL 01/10/2028

PETITIONER
UNIVERSITY OF OREGON
5209 UNIVERSITY OF OREGON
EUGENE OR 97403

473182326 A3
Receipt Number IOE0928982192
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]

Lawful Permanent Resident
Permanent Resident Card (PRC I-551) / Green Card

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	PRC	OR	any list B and C documents		
Issuing Authority	USCIS				
Document Number (if any)	USCIS number ###-###-###				
Expiration Date (if any)	Card Expires Date				
Document Title 2 (if any)			**Additional 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 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):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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PRC/Green Card I-551 example

TN (Canada and Mexico) or E3/E3S (Australia) status

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	OR	Driver Lic or ID Card		I-94
Issuing Authority	Country Issuing Passport				US CBP
Document Number (if any)	Passport Number				Admission (I-94) Record Number
Expiration Date (if any)	Expiration Date				Admit Until Date
Document Title 2 (if any)	I-94		Additional Information		
Issuing Authority	US CBP				
Document Number (if any)	Admission (I-94) Record Number				
Expiration Date (if any)	Admit Until 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.		

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):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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Resources

UO Payroll I-9 Training Slides
https://pages.uoregon.edu/baoforms/bao_drupal_6/sites/ba.uoregon.edu/files/I9training.pdf

I-9 List of Acceptable Documents
https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents

I-9 Instructions
https://www.uscis.gov/sites/default/files/document/forms/i-9instr.pdf

M-274 (1-9) Handbook for Employers
Section 3.0 – Completing Section 1
Section 4.0 – Completing Section 2
Section 7.0 - Evidence of Employment for Certain Categories
https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274

The I-94 Arrival/Departure Record can be obtained here
https://i94.cbp.dhs.gov/home