Form I-9 Training
OBJECTIVES

- Employer Responsibilities
- Completing all three sections of the I-9
- Common Errors of all three sections of the Form I-9
- H-IB Extensions & Portability
- Correcting the Form I-9
- Web Resources
The Department of Homeland Security, through its enforcement division, Immigration and Customs Enforcements (ICE) has undertaken a massive new enforcement effort directed at employers. The focus on enforcement is clearly evidenced by the rising number of high profile worksite audits, increased heavy civil penalties and criminal prosecutions resulting from worksite violations.

Since April 2010, ICE has investigated over 2,740 employers nationwide (400%+ increase from previous year).

ICE fined companies $7 million last fiscal year, 10 times the amount two years before.
Employers have certain responsibilities under immigration law during the hiring process. The employer sanctions provisions, found in section 274A of the Immigration and Nationality Act (INA), were added by the Immigration Reform and Control Act of 1986 (IRCA). These provisions further changed with the passage of the Immigration Act of 1990 and the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996.

**Employers must:**
- Verify the identity and employment authorization of each person hired after Nov. 6, 1986.
- Complete and retain a Form I-9 for US citizens, noncitizen nationals, lawful permanent residents and aliens authorized to work.

**Employers must not:**
- Discriminate against individuals on the basis of national origin, citizenship, or immigration status.
- Hire, recruit for a fee, or refer for a fee aliens he or she knows to be unauthorized to work in the United States.

**Employers who violate the law may be subject to**
- civil fines
- criminal penalties (when there is a pattern or practice of violations)
- debarment from government contracts
- a court order requiring the payment of back pay to the individual discriminated against
- a court order requiring the employer to hire the individual discriminated against
EMPLOYEE INFORMATION AND VERIFICATION

- Have the employee complete Section 1 by his or her first day of work for pay by filling in the correct information, signing and dating the form.
- Ensure that the employee prints the information clearly.
- If the employee cannot complete Section 1 without assistance or if he or she needs Form I-9 translated, someone may assist him or her. The preparer or translator must read the form to the employee, assist him or her in completing Section 1, that person must certify that he or she assisted the employee by completing the Preparer and/or Translator Certification block.
- Some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands) they should write “N/A” in Section 1.
- You are responsible for reviewing and ensuring that your employee fully and properly completes Section 1.
### Alien Information and Verification

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alien #</td>
<td>EAD or Permanent Resident Card</td>
</tr>
<tr>
<td>Admission #</td>
<td>I-94</td>
</tr>
<tr>
<td>Alien Authorized to Work Until Date</td>
<td>F-1: I-20</td>
</tr>
<tr>
<td></td>
<td>J-1 OR HI: DS-2019 J-2: EAD</td>
</tr>
</tbody>
</table>

---

**Completed by Employee**

![Form I-9](image)
Minors (Individuals under Age 18)
• If a person under the age of 18 cannot present an identity document from List B, he or she may establish identity by completing Form I-9 as shown on the next page.

1. Parent or legal guardian of a minor employee completes Section 1 and writes, “Individual under age 18” in signature space.
2. Parent or legal guardian completes the Preparer and/or Translator Certification block.
3. Employer enters “Individual under age 18” under List B and records the List C document the minor presents.
SECTION 1
EMPLOYEE INFORMATION AND VERIFICATION

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

Print Name: Jane Doe

Address (Street Name and Number): 123 Cross Street

City: Washington

State: DC

Zip Code: 20011

Social Security #: 000-00-0000

I attest, under penalty of perjury, that I am a citizen of the United States.

Employee (individual under age 18) Date (month/day/year): 02/20/2009

Preparer and/or Translator Certification (To be completed and signed if section 1 is prepared by a person other than the employee.)

Preparer/Translator’s Signature: John Doe

Address (Street Name and Number, City, State, Zip Code): 123 Cross Street, Apt. 1, Washington, DC 20011

Date (month/day/year): 02/20/2009

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

List A

List B

List C

Social Security Card

SSA 000-00-0000

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year): 02/20/2009 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signatures (employee or authorized representative)

Print Name: John Smith

Title: Floor Manager

Organization Name and Address (Street Name and Number, City, State, Zip Code): Warm Coat Co. 456 S. Main Street, Washington, DC 20013

Date (month/day/year): 02/23/2009

Form I-9 Training rev 011013
• Employees with Disabilities (Special Placement)
  • A person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, and who is placed in a job by a nonprofit organization, association, or as part of a rehabilitation program, may establish identity under List B by using similar procedures to those used by persons under 18 years of age if he or she cannot produce a List B identity document and otherwise qualifies to use these procedures. Complete Form I-9 as shown on the next page.

1. Representative of a nonprofit organization, parent, or legal guardian of an individual with a disability completes Section 1 and writes, “Special Placement” in signature space.

2. Representative, parent, or legal guardian completes the Preparer and/or Translator Certification block.

3. Employer enters “Special Placement” under List B and records the List C document that the employee with a disability presents.
# SECTION 1
**EMPLOYEE INFORMATION AND VERIFICATION**

**Form I-9 Training rev 011013**

---

### Section 1. Employee Information and Verification

**To be completed and signed by employee at the time employment begins.**

<table>
<thead>
<tr>
<th>Print Name: Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>John</td>
<td>T</td>
<td></td>
</tr>
</tbody>
</table>

**Address (Street Name and Number)**

123 Side Street

**City**

Washington

**State**

DC

**Zip Code**

20011

**Social Security #**

000-00-0000

**Date of Birth (month/day/year)**

09/06/1987

---

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

---

**Employee’s Signature**

SPECIAL PLACEMENT

**Date (month/day/year)**

02/20/2009

---

**Preparer and/or Translater Certification**

(To be completed and signed if Section 1 is prepared by a person other than the employee.)

**Preparer and/or Translator’s Signature**

Jane Smith

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

163 Main Avenue, Suite 1, Washington, DC 20011

**Date (month/day/year)**

02/20/2009

---

### Section 2. Employer Review and Verification

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

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document title: Special Placement</td>
<td></td>
<td></td>
<td>Social Security Card</td>
<td></td>
</tr>
<tr>
<td>Issuing authority:</td>
<td></td>
<td></td>
<td>SSA 009-00-0000</td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on **02/20/2009** and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

**Signature of Employer or Authorized Representative**

Jane Doe

**Print Name**

Jane Doe

**Title**

Owner

**Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)**

A Restaurant, 321 S. Main Street, Washington, DC 20011

**Date (month/day/year)**

02/23/2009

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SECTION 1 COMMON ERRORS

❌ Employee information missing, incomplete or incorrect:
  + Name  --Maiden Name  --SSN or Temporary ID issued by Payroll
  + Address  --Date of Birth  --Employee Signature or Signature Date

❌ No “attest” box checked or more than one “attest” box checked.

☐ Missing/Incorrect Alien # or Admission #.

☐ Missing expiration date.
  • Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands) they should write “N/A” in Section 1.
SECTION 1 COMMON ERRORS

- No “attest” box checked
- Missing/Incorrect Alien # or Admission #
- Missing/Incorrect signature date
- No Social Security # or Temp ID Used
The employee must present to you original unexpired documents that show his or her identity and employment authorization **within three business days of the date employment begins but not including the actual date of hire**.

Employers cannot specify which document(s) employees present.

You must make the list of Acceptable Documents available to your employee when he/she is completing the Form I-9.

The list of Acceptable Documents is on Form I-9 page 2 and Illustrations of many appear in part 8 of the Handbook for Employers.

You are not required to be a document expert but the documents presented by and employee should reasonably appear to be Genuine and related to the individual presenting the document(s).

To avoid document abuse **ONLY** record one document from List A **OR** one document from List B **AND** one document from List C

- List A documents establish identity and employment authorization.
- List B documents establish identity only.
- List C documents establish employment authorization only.
Employer records document title(s), issuing authority, document number, and the expiration date from original documents supplied by employee.

- **NOTE:** You may use abbreviations for commonly used documents, e.g., DL for driver’s license and SS for Social Security.

The most common documents used for nonimmigrant students are Form I-20 accompanied by Form I-94.

The most common documents used for nonimmigrant staff & faculty are Form DS-2019 accompanied by Form I-94.

Employer enters date employment began.

Employer attests to examining the documents provided by completing the signature block. If a designated agent or notary public completes this section, he or she must provide the employer’s name and address under his or her signature.

Make sure you are using the current version of the I-9. Look at the revision and expiration date.
### Completed by Employer

**Section 2, Employer Review and Verification**

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

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document title: PPT #00XX00000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing authority: France exp 010119</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #: I94 #000000000000</td>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any): 05/30/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #: I20 #000000000000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any): 05/30/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on **01/05/2010** and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

**Signature of Employer or Authorized Representative:**

Booker Smith

**Print Name:** Booker Smith

**Title:** Librarian

**Business or Organization Name and Address:**

College Library, 321 University St. College Town, Any state, 00000

**Date:** 01/08/2010
SECTION 2
EMPLOYER REVIEW AND VERIFICATION

List A for Nonimmigrant Students: Form I-20 Accompanied by Form I-94
SECTION 2
EMPLOYER REVIEW AND VERIFICATION

List A Faculty or Staff: DS-2019 Accompanied by Form I-94
SECTION 2 COMMON ERRORS

- Listing order of documents in List A, B, or C is incorrect. Should be:
  1. Documents title
  2. Issuing Authority
  3. Document Number
  4. Expiration Date (if any)
- Missing or incorrect Document Title, Issuing authority, Document Number or Expiration Date (if any).
- Missing employee’s date of hire.
- Employer information missing or incomplete.
  - Signature  --Name(printed)  --Title
  - Business/Organization Name  or Address  --Date
- Employer Signature date not within 3 days of the first day of employment but not including the actual date of hire (see handbook pg. 3).
- Using documents that do not establish employment eligibility and/or identity (i.e. Restricted Social Security Card). Printed on SS Card “Valid for Work Only with DHS Authorization”.
- Using foreign passports without the I-94 or Temporary I-551 stamp.
- Using an I-20 or DS-2019 without an I-94.
SECTION 3
UPDATING AND REVERIFICATION

- When an employee’s employment authorization document expires, you must reverify his or her employment authorization no later than the date employment authorization expires.
- If the employee cannot provide you with proof of current employment authorization, you cannot continue to employ that person.
- **Note:** U.S. citizens and noncitizen nationals never need reverification. Do not reverify the following documents:
  - An expired U.S. passport or passport card, an Alien Registration receipt Card/Permanent Resident Card (Form I-551), or a List B document that has expired.
  - Employer records the employee’s new name, if applicable, and date of rehire, if applicable.
  - Employer records the document title, number, and expiration date (if any) of document(s) presented.
  - Employer signs and dates Section 3.
SECTION 3
UPDATING AND REVERIFICATION

Completed by Employer

1. Section 3. Updating and Reverification (To be completed and signed by employer.)
   A. New Name (if applicable)
   B. Date of Rehire (month/day/year) (if applicable)

2. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.
   Document Title: EAD
   Document #: LIN1234567892
   Expiration Date (if any): 02/28/2013

   I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

3. Signature of Employer or Authorized Representative
   [Signature]
   Date (month/day/year)
   02/28/2011
Section 3 Common Errors

- Documents that are not on the *List of Acceptable Documents* are being accepted.
- Document titles are being listed incorrectly. (Example: I-797 Approval Notices are listed as H1B)
- Incorrect document #s are being used.
For an H-1B worker to continue working for you beyond the expiration of his or her current H-1B status, indicated by the expiration date on his or her Form I-94, you must request an extension of stay before his or her H-1B status expires.

Upon submitting a timely filed Form I-129 petition seeking an extension of the employee’s status to USCIS, the employee is authorized to continue to work while the petition is being processed for a period not to exceed 240 days, or until USCIS denies your petition, whichever comes first.

International Faculty & Scholar Services (IFSS) will send the Notice of Nonimmigrant Filing and the Notification of Approved Petition once USCIS approves the application/petition for an extension of stay along with a copy of Form I-797(A), which includes an expiration date and an attached Form I-94, Arrival/Departure Record.
Departments must reverify the employee’s employment authorization in Section 3 once you receive a decision on the H-1B petition or by the end of the 240-day period, whichever comes first.

Have the employee complete Section 1 of the I-9. Record the document title, number and expiration date listed on the I-797A/I-94 form in Section 3 of Form.

Employee Services contacts departments starting 120 days in advance of the expiration date of Forms I-9. If the decision on the H-1B petition has not been received prior to the current expiration date, the department should send the Notice of Nonimmigrant Filing to Employee Services to extend the expiration date of the Form I-9. Employee Services will make the correct notations on the current Form I-9 for this interim period.
**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

<table>
<thead>
<tr>
<th>Print Name: Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>John</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Name and Number)</th>
<th>Apt. #</th>
<th>Date of Birth (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Main Street</td>
<td>1</td>
<td>01/01/1952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DC</td>
<td>2011</td>
<td>000-00-0000</td>
</tr>
</tbody>
</table>

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year) I-94 Date

Employee's Signature: ____________________________

Date (month/day/year): 05/03/2011

- Employee completes Section 1
- An alien authorized to work (Alien# or Admission #): Comes from the employee’s I-94 form.
- Alien authorized to work until: Comes form the employee’s I-94 form.
### Section 3. Updating and Reverification (To be completed and signed by employer.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (month/day/year) (if applicable)</th>
</tr>
</thead>
</table>

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

<table>
<thead>
<tr>
<th>Document Title: Form I-797A</th>
<th>Document #: USCIS Receipt#</th>
<th>Expiration Date (if any): Form I-797A</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

- **Doc. Title:** Form I-797A
- **Document #:** USCIS Receipt Number
- **Expiration date:** Write date from Form I-797A/I-94
AC-21 H-1B PORTABILITY: EMPLOYEES CHANGING EMPLOYERS

- Under the American Competitiveness Act in the Twenty-First Century (AC-21), an H-1B employee who is changing employers within the H-1B program may begin working for you as soon as you file a Form I-129 petition on his or her behalf.
- To qualify for AC-21 benefits, the new petition must not be frivolous and must have been filed prior to the expiration of the individual’s period of authorized stay. Individual must remain in the employ of his current employer while the petition is being filed.
- You must complete a new Form I-9 for this newly hired employee. An H-1B employee’s Form I-94 issued for employment with the previous employer, along with his or her foreign passport, would qualify as a List A document.
- You should write “AC-21” and record the date you submitted Form I-129 to USCIS in the margin of Form I-9 next to Section 2.
- Once USCIS approves the application/petition for an extension of stay, you will receive a Form I-797(A), which includes an expiration date and an attached Form I-94, Arrival/Departure Record along with the Notification of Approved Petition from IFSS. Have the employee complete Section 1 of the I-9 form. Record the document title, number and expiration date listed on the I-797/I-94 form in Section 3 of Form I-9.
## Section 1: AC-21 H-1B Portability

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name: Last</td>
<td>Doe</td>
</tr>
<tr>
<td>First</td>
<td>John</td>
</tr>
<tr>
<td>Middle Initial</td>
<td>A</td>
</tr>
<tr>
<td>Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Address (Street Name and Number)</td>
<td>123 Main Street</td>
</tr>
<tr>
<td>Apt. #</td>
<td>1</td>
</tr>
<tr>
<td>Date of Birth (month/day/year)</td>
<td>01/01/1952</td>
</tr>
<tr>
<td>City</td>
<td>Washington DC</td>
</tr>
<tr>
<td>State</td>
<td>DC</td>
</tr>
<tr>
<td>Zip Code</td>
<td>20011</td>
</tr>
<tr>
<td>Social Security #</td>
<td>000-00-00</td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [X] An alien authorized to work (Alien# or Admission#) **I-94#00000000**
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien#) **N/A**
- [ ] An alien authorized to work until (expiration date, if applicable - month/day/year) **N/A**

Employee’s Signature: [Signature]

Date (month/day/year): 02/20/2011

- Employee completes Section 1
  - An alien authorized to work (Alien# or Admission #): Comes from the employee’s Form I-94 issued for employment with the previous employer.
  - Alien authorized to work until: “N/A”
### Section 2. Employer Review and Verification

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

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document title:</td>
<td>Passport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing authority:</td>
<td>France</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td>000XXX000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td>MM/DD/YY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td>I-94 #00000000000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Employee completes Section 1:**
  - Alien authorized to work until “N/A”
- **Employer completes Section 2, List A block with:**
  - Unexpired foreign passport
  - I-94 card showing H-1B status with original employer
  - Write “AC-21” and date I-129 submitted to USCIS in margin of Form I-9 next to Section 2
SECTION 2: AC-21 H-1B PORTABILITY

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **06/01/2011** and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Liaison for Department</td>
<td></td>
<td>Business Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)</th>
<th>Date (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas A&amp;M University, 750 Agronomy Rd, College Station, TX 77843</td>
<td>06/03/2011</td>
</tr>
</tbody>
</table>

- Employer enters date employment began.
- Employer attests to examining the documents provided by completing the signature block.
### Section 3: AC-21 H-1B Portability

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (month/day/year) (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. If employee’s previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

- **Document Title:** Form I-797A
- **Document #:** USCIS Receipt #
- **Expiration Date (if any):** Form I-797A

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Employers may only correct errors made in Section 2 or Section 3 of Form I-9. If an employer discovers an error in Section 1 of an employee’s Form I-9, he or she should ask the employee to correct the error as directed below.

**The best way to correct the form is to:**

- Draw a line through the incorrect information
- Enter the correct information
- Initial and date your correction
Employee Services may request an exception letter that explains the reason the employer signature date does not meet the compliance guidelines. **The exception letter does not bring the form into compliance, and cannot be considered, nor provided, as a standard part of I-9 processing.** An exception letter only allows for explanation of the reason the department did not comply with USCIS regulations.

**Non-compliance with accurate and timely completion of I-9’s in accordance with USCIS regulations could cause the University to be subjected to fines and penalties.**
WEB RESOURCES & HELP

I-9 Handbook for Employers

http://www.uscis.gov/files/form/m-274.pdf

I-9 Central Home (U.S. Citizenship and Immigration Services)

http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=84c267ee5cb38210VgnVCM100000082ca60aRCRD&vgnextchannel=84c267ee5cb38210VgnVCM100000082ca60aRCRD

Form I-9 Online Training
QUESTIONS OR HELP

- Employee Services
  - Stephanie Keahey 903-886-5881
  - Tracy McQueary 903-886-5282