

# New I-9 Form: What You Need to Know

Presented by:

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# Disclaimer

We wish to express confidence in the information contained herein. Used with discretion, by qualified individuals, it should serve as a valuable management tool in assisting employers to understand the issues involved and to adopt measures to prevent situations which commonly give rise to legal liability. However, this text should not be considered a substitute for experienced labor counsel, as it is designed to provide information in a highly summarized manner.

The reader should consult with Barsamian & Moody at (559) 248-2360 for individual responses to questions or concerns regarding any given situation.

# Overview

- Overview
- Form I-9 Refresher
- Completing the New Form I-9
- Remote Document Review Options
- Corrections and Reverification
- Best Practices
- Conducting Internal Audits

# OVERVIEW

# Form I-9 Versions

- The old form I-9 version expired October 31, 2022.
- The Department of Homeland Security (DHS) authorized continued use until a new form was issued.
- After issuing the new form in August 2023, the DHS authorized use of the old Form I-9 for a short period of time after its expiration to allow employers to transition to the new form.

# New Form I-9

- USCIS issued a new version of the I-9 on August 1, 2023.
- Starting November 1, 2023, employers must use the revised form with a revision date of 08/01/23, which can be located at the bottom of the Form I-9 (not the top).
  - The DHS allows use of the prior version through October 31, 2023.
- <https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>

**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								
Issuing Authority								
Document Number (if any)								
Expiration Date (if any)								
Document Title 2 (if any)		<b>Additional Information</b>						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.						
Document Number (if any)								
Expiration Date (if any)								
Document Title 3 (if any)								
Issuing Authority								
Document Number (if any)								
Expiration Date (if any)								
<b>Certification:</b> 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.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047  
Expires 07/31/2026

**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
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p><b>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.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) 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				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.



# Key Changes

- Fields have been merged so Section 1 and 2 are on a single page.
- Previous Section 1 “preparer/translator” section has been moved to a separate, single page “Supplement A.”
- Form can now be filled out on tablets and mobile devices (with some limitations).
- Removed the requirement to enter “N/A” in certain fields (but not all).

# Additional Changes

- New “alternative” examination options.
- List of Acceptable Documents page includes some acceptable receipts and guidance and direction for information on certain automatic extensions of employment authorization documentation.
- Instructions reduced from 15 pages to 8 pages.

# End of Temporary COVID-19 Flexibilities

- Effective July 31, 2023.
- Employers had until August 30, 2023, to perform physical examination where needed.

# FORM I-9 REFRESHER

# I-9 Requirements

- Employees must complete and sign Section 1 no later than the first day of employment.
- Employees may complete Section 1 before the first day of employment, but cannot complete the form before acceptance of an offer of employment.
- Available in English and Spanish BUT employees/employers must complete the English version.

# Who needs to Complete an I-9?

- Each new employee that you hire after November 6, 1986, to perform labor or services in the United States in return for wages or other remuneration.
  - This includes owners or upper management on payroll.
- Employers are not required to obtain a Form I-9 for:
  - Independent contractors;
  - Individuals employed by a labor contractor; providing labor to you.

# Employer Obligations

- Ensure that the employee completes Section 1.
- Complete Section 2 within three business days after the employee's first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Retain completed forms for 3 years after the date of hire, or for 1 year after employment is terminated, whichever is later.

# Employer Responsibility Concerning Authenticity

- Examine the original documentation, and if it reasonably appears to be genuine and to relate to the person presenting them, you must accept it.
- If the documentation does not reasonably appear to be genuine or to relate to the person presenting it, you must not accept it.
- Must provide the employee with an opportunity to present other documents from the Lists of Acceptable Documents.



# Employer Responsibility Concerning Authorization to Work

- Properly completing and retaining a Form I-9 provides employers with a good faith defense against the imposition of employer sanctions penalties for knowingly hiring an unauthorized individual, unless the government can show you had knowledge of the employee's unauthorized status.

# What Constitutes “Knowledge”

- An employer has knowledge that an individual is not authorized to work when they have actual knowledge that an individual is not authorized, or constructive knowledge (knew or should have known).
- Constructive knowledge is knowledge which may fairly be inferred through notice of facts and circumstances which would lead a person to know about the employee’s unauthorized status.

# Constructive Knowledge

- Includes information provided to a “supervisor” (field supervisors, crew bosses, forepersons, assistant crew bosses or forepersons, human resource staff, etc.). Likewise, assistance provided by a supervisor, with or without management’s knowledge or authorization, can create liability for the employer as with other laws.
- All personnel should be advised and trained on company policies (1) prohibiting staff from providing assistance to employees regarding their eligibility status, and (2) requiring the immediate reporting of any information about an employee’s eligibility status to management.

# Resources

- Handbook for Employers:
  - <https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274>
- Instructions for Form I-9:
  - <https://www.uscis.gov/sites/default/files/document/forms/i-9instr.pdf>
- I-9 Central:
  - <https://www.uscis.gov/i-9-central>
- Employment Authorization Automatic Extension Calculator:
  - <https://www.uscis.gov/i-9-central/form-i-9-resources/employment-authorization-document-ead-automatic-extension-calculator>

# COMPLETING THE NEW FORM I-9

# Section 1: Employee Information and Attestation

**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) <b>Ride</b>		First Name (Given Name) <b>Sally</b>		Middle Initial (if any) <b>K</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>7555 Draper Ave.</b>			Apt. Number (if any)	City or Town <b>La Jolla</b>		State <b>CA</b>
Date of Birth (mm/dd/yyyy) <b>05/26/1951</b>		U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b>		Employee's Email Address <b>sallyride@email.com</b>		Employee's Telephone Number <b>(555) 555-5555</b>
<p>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.</p>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p>				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____				
		<p>If you check Item Number 4., enter one of these:</p>				
		USCIS A-Number _____		OR Form I-94 Admission Number _____		OR Foreign Passport Number and Country of Issuance _____
Signature of Employee <i>Sally Ride</i>				Today's Date (mm/dd/yyyy) <b>01/10/2023</b>		

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.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047  
Expires 07/31/2026

**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

<p>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.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
	<input type="checkbox"/>	1. A citizen of the United States		
	<input type="checkbox"/>	2. A noncitizen national of the United States (See Instructions.)		
	<input type="checkbox"/>	3. A lawful permanent resident (Enter USCIS or A-Number.)		
	<input type="checkbox"/>	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)		
If you check Item Number 4., enter one of these:				
USCIS A-Number <input type="text"/>	OR	Form I-94 Admission Number <input type="text"/>	OR	Foreign Passport Number and Country of Issuance <input type="text"/>

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.



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Address (Street Number and Name)			Apt. Number (if any)	City or Town		State					
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number						
<p>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.</p>											
<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"> <tr> <td>USCIS A-Number</td> <td>OR</td> <td>Form I-94 Admission Number</td> <td>OR</td> <td>Foreign Passport Number and Country of Issuance</td> </tr> </table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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)							

Optional Optional Optional

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.

Social Security number is required if Employer uses E-Verify





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Address (Street Number and Name)			Apt. Number (if any)	City or Town		State			
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number			
<p>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.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):								
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<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) 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					Today's Date (mm/dd/yyyy)				

Date or N/A

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.

# Citizenship or Immigration Status

**A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**A lawful permanent resident:** This specific immigration status describes an individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

**A noncitizen (other than Item Numbers 2 or 3 above) authorized to work:** An individual who is permitted to work in the United States, but is not a citizen or national of the United States, or a lawful permanent resident.



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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	
<b>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.</b>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
	<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) 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				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.

# E-Signature

- If the Form I-9 is completed electronically you can allow electronic signature, but the system must:
  - Allow individuals to acknowledge that they read the attestation;
  - Attach the electronic signature to an electronically completed Form I-9;
  - Affix the electronic signature at the time of the transaction;
  - Create and preserve a record verifying the identity of the person producing the signature;
  - Include a method to acknowledge attestation to the required information;
  - Upon the employee's request, provide a printed confirmation of the transaction.

# Supplement A: Preparer and/or Translator Certification for Section 1

Last Name (Family Name) from Section 1. <b>Ride</b>	First Name (Given Name) from Section 1. <b>Sally</b>	Middle Initial (if any) from Section 1. <b>K</b>
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**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 <i>Albert Einstein</i>	Date (mm/dd/yyyy) <b>Date Employee Completes Section 1</b>		
Last Name (Family Name) <b>Einstein</b>	First Name (Given Name) <b>Albert</b>	Middle Initial (if any)	
Address (Street Number and Name) <b>112 Mercer St.</b>	City or Town <b>Princeton</b>	State <b>NJ</b>	ZIP Code <b>08540</b>



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
<b>Employee's information</b>		

**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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State -
			ZIP Code

# Section 2: Employer Review and Verification

**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	<b>U.S. Passport</b>				
Issuing Authority	<b>Department of State</b>				
Document Number (if any)	<b>000000000</b>				
Expiration Date (if any)	<b>03/15/2025</b>				
Document Title 2 (if any)	<b>Additional Information</b>				
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)					
<input checked="" type="checkbox"/> 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): <b>Date employee began working for pay</b>	
Last Name, First Name and Title of Employer or Authorized Representative <b>Nelson, Bill - Administrator</b>			Signature of Employer or Authorized Representative <i>Bill Nelson</i>		Today's Date (mm/dd/yyyy) <b>Date employer reviewed documents and signed</b>
Employer's Business or Organization Name <b>NASA</b>			Employer's Business or Organization Address, City or Town, State, ZIP Code <b>300 Hidden Figures Way SW Washington, DC 20024</b>		

**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		List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)		<b>Additional Information</b>		
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)				
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				

<b>Certification:</b> 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.



# 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, gender, 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, gender, 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 <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		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				

# Receipt Rule

- Employers must accept a receipt showing the employee has applied to replace a document that was lost, stolen or damaged.
  - The receipt must have been issued by the originating agency;
  - Employee must present original replacement document or another acceptable document(s) within 90 days of the hire date;
  - Receipts are never acceptable if employment will last less than 3 business days.

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	<b>OR</b>	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.
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

## Special Circumstances

### SS Card contains a restriction:

- valid for work only with DHS authorization;
- not valid for employment;
- valid for work only with INS authorization.

## Solution

A restricted SS Card is not an acceptable List C document, ask employee to provide a different List C or List A.

# Should the Employer Retain Copies of Verification Documents?

- Employers may but are not required to make and retain copies or electronic images of the documents presented and reviewed.
  - Note: If using E-Verify, you are required to retain copies of certain documents if presented.
  - If using E-Verify for alternative document review (remote examination), you must retain clear copies of the front and back (if two-sided) of all documentation presented.
- Never keep an original.

**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					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b> <div style="border: 2px solid black; height: 200px; width: 100%;"></div>			
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)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
<b>Certification:</b> 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.

**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					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
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)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Expiration Date (if any)		<input type="checkbox"/> 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.

# Remote Document Examination

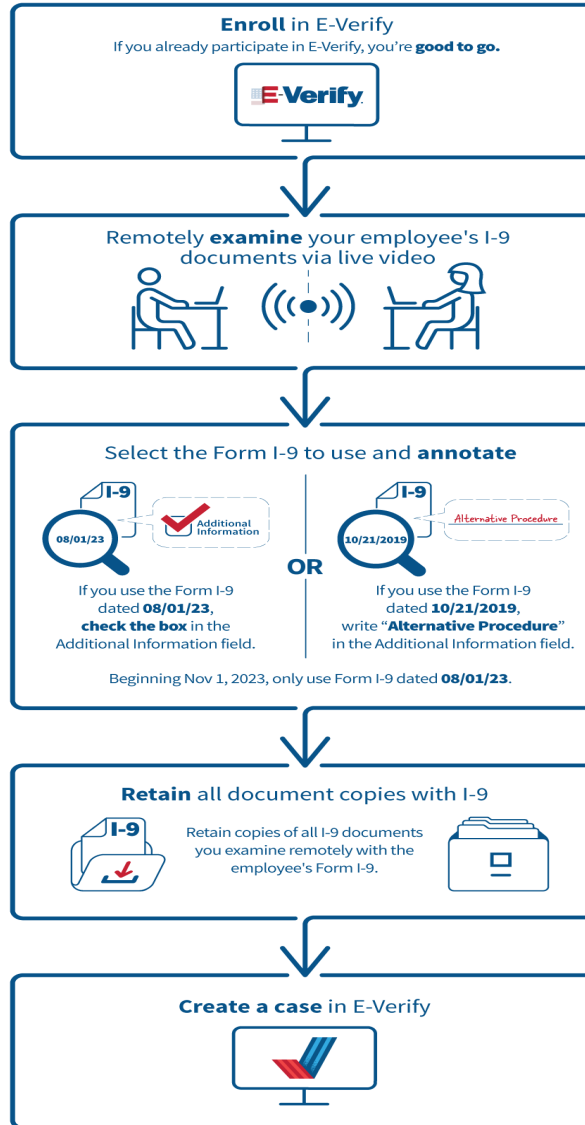
- Temporary remote verification during COVID-19 is over.
- Alternative review only allowed for employers who participate in E-Verify and are in good standing.
- Only allowed for your E-Verify hiring sites.
- May still perform physical examination for employees on-site or hybrid employees while allowing remote review for remote employees.

# E-Verify Updates

- Option to omit in person verification of an employee's identity and employment authorization documents.
- Instead, conduct verification electronically with a live video call interaction.
- Be sure to check the “Alternative Procedure” box on the new form.
- Employers can learn more about E-Verify at [www.E-Verify.gov](http://www.E-Verify.gov)



## How do I participate in the remote examination of Form I-9 documents?



# Remote Document Examination, continued

- Employers with remote workers who choose not to participate in E-Verify may use an authorized representative to complete the physical examination.
  - Can be any person you designate, hire, or contract with to complete, update, or make corrections to Section 2 (or 3) on your behalf.
  - Must perform all your duties, including reviewing the employee's completed Section 1.

# Notary for Remote Review

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

# **CORRECTIONS, REHIRES AND REVERIFICATION**

# Corrections

- **To correct the form:**
  - Draw a line through the incorrect information.
  - Enter the correct information.
  - Employee should initial and date the correction.
- To correct multiple recording errors on the form, you may redo the section on a new Form I-9 and attach it to the old form.
- Include a note in the file regarding the reason for the change or new form.



# Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS  
Form I-9  
Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
Employee's information		

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

# Rehire

- Employers may complete a new Form I-9 for rehired employees.
  - Rehired within three years from the date the employee's Form I-9 was first completed, you may complete Supplement B and attach it to the employee's previously completed Form I-9.
  - Record the date of rehire and any name changes.
- Employers must complete a new Form I-9 for any employee rehired more than three years after original Form I-9 for that employee was completed.
- If the employee's employment authorization or List A or C documents have expired, the employer must reverify the employee.

# Reverification

- Renew work authorization by expiration dates indicated in Section 1.
- Employees who indicate that they are citizens, permanent residents, asylees, or refugees should never be reverified since they have work authorization incident to their status.



# When to Reverify

## Reverify

- An Employment Authorization Documents (Form I-766) with an expiration date.
- Form I-94 with temporary I-551 stamp.
- Unexpired foreign passport with temporary I-551 stamp.

## Do Not Reverify

- U.S. Citizens and noncitizen nationals.
- U.S. Passports or passport cards
- Unexpired Permanent Resident or Alien Registration Receipt Card (Form I-551).
- Expired Permanent Resident Card presented with Form I-797.
- List B Documents.

See the Handbook for Employers for more information about when reverification may not be required.

# BEST PRACTICES

# I-9 Recommendations

- Designate a specific person or persons trained to process I-9s. The fewer the better to maintain consistency in processing the I-9s and to respond to questions during an audit, or, if necessary, provide testimony for any litigation which may arise.
- Keep supervisors out of the process and make it clear they may not receive documents from employees which are needed to complete their I-9s.
- Consider conducting an in-house audit.

# Ensure Proper Procedures in Place

- Review your employment eligibility verification practices and procedures.
- Ensure your staff consistently implements those practices and procedures, such as by periodically auditing the I-9 Forms they help prepare.
- Review your recordkeeping practices to ensure I-9 Forms are kept for the longer of three years after employment starts or one year after employment ends.

# CONDUCTING INTERNAL I-9 AUDITS

# Common Problem Areas

- The employee must accurately complete Section 1 on the date of hire or before; it is the Company's responsibility to ensure that the employee completes this section correctly.
- Citizenship or immigration status must be properly checked in Section 1 boxes (e.g., US citizen, permanent resident, temporary worker).

# Step 1: Gather All I-9 Forms

- Use current payroll as a list to check I-9 for every employee.
- Should not have an I-9 for volunteers, independent contractors or consultants.
- Two separate files of originals.
  - Current employees.
  - Terminated employees.

# Step 2: Obtain Missing I-9s

- All employees hired after 11/06/1986 who do not have an I-9 on file will need to be contacted.
- Copies of all communications sent to employees who are missing I-9s should be kept in audit file.
- Set due date (ex. next work day).
- Attach memo explaining that the employee completed the I-9 during the audit.



# Step 3: Audit Current I-9s

- Create audit log.
  - Make a list of I-9s with errors.
  - Name, error, corrective action taken.
- Keep resources handy.
  - USCIS Handbook for Employers
  - <https://www.uscis.gov/i-9-central>
  - [Guidance for Employers Conducting Internal Employment Eligibility Verification Form I-9 Audits.](#)

# Step 4: Correct Errors

- Technical errors may be corrected on the existing I-9 form, but substantive errors may require completing a new I-9.
- Clearly show a change is a correction.
  - Use different colored ink.
  - Date and initial changes.
- Avoid white out or black marker- strike and write corrected info with date and initial.
- Original I-9 should be stapled behind.

# Step 5: Terminated Employee

- Employers are required to retain I-9s for three years after the employee's date of hire, or for one year following his or her date of termination, *whichever date is later*.
- Follow Step 4 where possible.
- All corrections and instances in which the employer was unable to make corrections should be noted on the Form I-9 audit log and on a memo attached to the I-9.

# Step 6: Complete Audit

- Organize the I-9s and clearly document the steps taken during the audit.
- Retain the Form I-9 audit logs and communications to employees regarding the I-9 audit process.
- Keep the audit documentation in a separate Form I-9 audit file or place this documentation in their files with the I-9 forms themselves.

# Questions?

- *The goal of this presentation is to provide employers with current labor and employment law information. The contents should neither be interpreted as, nor construed as legal advice or opinion. The reader should consult with Barsamian & Moody at (559) 248-2360 for individual responses to questions or concerns regarding any given situation.*