



## Understanding Employment Eligibility Verification and Immigration-Related Employment Discrimination

February 10, 2016  
Martinsburg, WV

# Statutory Authority

- Immigration Reform and Control Act of 1986
- Obligations imposed on employers:
  - Prohibits knowingly hiring or continuing to hire unauthorized workers
    - Employers may be liable for “constructive knowledge”  
(8 USC § 1324a)
  - To verify the identity and employment eligibility of new hires post Nov. 6, 1986 (8 USC § 1324a)
    - Verification must be documented on Form I-9
  - To avoid “immigration-related unfair employment practices” (8 USC § 1324b)

# Government Agencies Involved

- Citizenship and Immigration Service (USCIS), part of DHS, is the agency formulating the policies and publishing forms and regulations
- Immigration and Customs Enforcement (ICE), part of DHS, is the agency enforcing the regulations and imposing penalties against employers
- Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Part of DOJ Civil Rights Division, enforces the anti-discrimination provisions and has independent litigation authority
- Various state and local agencies



# Employment Eligibility Verification

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# Overview of Form I-9



## Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	

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
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
- Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

**STOP** Employer Completes Next Page **STOP**

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: \_\_\_\_\_

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

# Lists of Acceptable Documents

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 alien's nonimmigrant status 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. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security		
	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				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

# Form I-9 Section 1



## Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(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.)</i>				
Last Name (Family Name)		First Name (Given Name)		Middle Initial
Address (Street Number and Name)		Apt. Number	City or Town	State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	E-mail Address	Telephone Number

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
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



# Tips for Section 1

- Section 1 must be completed by employees on or before first day of hire even if they don't have their documents
- Ensure that employee checks box, and signs and dates the form
- If employee indicates (s)he is permanent resident, enter the "USCIS Number" or "A-Number"
- If employee is "alien authorized to work," provide the A Number or the I-94 number
- If I-94 is issued at a port-of-entry (i.e., airport), enter the foreign passport information
- Otherwise write "N/A" in the space provided for the passport information



# Most Common Errors on Section 1

**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) John		First Name (Given Name) Smith		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 987 Main St.			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy) 12/01/1965	U.S. Social Security Number		E-mail Address		Telephone Number	

Name in wrong order

Address incomplete

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
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 12/15/2018. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode  
Do Not Write in This Space

Attestation not checked or alien number not provided

Signature missing

Date of birth instead of current date or date missing

Signature of Employee:	Date (mm/dd/yyyy): 12/01/1965
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# Form I-9 Section 2

## Section 2. Employer or Authorized Representative Review and Verification

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: \_\_\_\_\_

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: _____		Document Title: _____		Document Title: _____
Issuing Authority: _____		Issuing Authority: _____		Issuing Authority: _____
Document Number: _____		Document Number: _____		Document Number: _____
Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				
Document Title: _____				
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

## Tips for Section 2

- Section 2 must be completed by company representative within 3 business days from date of hire
- Verification of identity and work authorization
- New hire must be physically present
- Company representative must review original documents
- Attach copies of documents presented to the I-9 (recommended)



# Most Common Errors on Section 2

Too many documents requested  
or  
List A, B, or C document information left blank

Document number or expiration date missing

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):		Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):		Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):
Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):				
Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):				

Column B and C reversed

Date of hire missing

3-D Barcode  
Do Not Write in This Space

**Certification**  
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Employer name, address, signature, or date missing

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

# Reverification

- Required for all employees with expiring work authorization
  - Not to be confused with expiring documents
- Permanent residents
  - Only reverify if employee presents temporary I-551 stamp
  - Do not reverify after expiration of green card, even if status is “conditional”
- Refugee/Asylee
  - Reverify only if employee presents EAD or I-94 “receipt”
  - Do not reverify if employee presents List B and List C combination
- Practice tips
  - Have an internal reminder at least 90 days prior to expiration
  - Use new I-9 form if old form has expired

# Form I-9 Section 3

- Only reverify employment authorization
- Must reverify on or before date employee's current authorization expires
- Section 3 can be used in certain circumstances instead of completing an all new form when former employees are rehired

<b>Section 3. Reverification and Rehires</b> <i>(To be completed and signed by employer or authorized representative.)</i>			
<b>A. New Name</b> <i>(if applicable)</i> Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	Middle Initial
<input type="text"/>		<input type="text"/>	<input type="text"/>
			<b>B. Date of Rehire</b> <i>(if applicable)</i> <i>(mm/dd/yyyy)</i> :
			<input type="text"/>
<b>C.</b> If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date <i>(if any)</i> <i>(mm/dd/yyyy)</i> :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>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.</b>			
Signature of Employer or Authorized Representative:	Date <i>(mm/dd/yyyy)</i> :	Print Name of Employer or Authorized Representative:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



# Most Common Errors on Section 3

Over-documentation  
(do not reverify identity)

Reverification  
not complete timely

Document provided was not acceptable  
or document title, number or  
expiration date missing or incomplete

<b>Section 3. Reverification and Rehires</b> <i>(To be completed and signed by employer or authorized representative.)</i>			
<b>A. New Name</b> <i>(if applicable)</i> Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i>		Middle Initial	<b>B. Date of Rehire</b> <i>(if applicable)</i> (mm/dd/yyyy):
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>C.</b> If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date <i>(if any)</i> (mm/dd/yyyy):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>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.</b>			
Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Employer signature or date missing

# Document Tips

- All documents presented must be unexpired (after 4/3/09)
- ID card must be issued by a federal/state/local government agency
- Voter's registration card need not have photo to confirm identity (but see special rule for E-Verify)
- Social Security card not acceptable for work authorization if it contains notation "Not Valid for Employment" or "Valid with INS (or DHS) Authorization only"
- Laminated cards are acceptable unless otherwise prohibited by language on the card
- Birth certificate must be issued by state or local government authority (not hospital issued)

# Special Document Rules for E-Verify

- If list B document presented it must have a photo
- If U.S. passport/passport card, permanent resident card (“green card”) or EAD presented, employer must maintain a copy (photo tool requirement)



# Retention Obligations

- Employer must have a Form I-9 for every current employee (unless they were hired prior to November 7, 1986)
- Following employee's termination, employer must retain I-9 for the later of
  - 3 years from the date of hire or
  - 1 year after the date of termination

# Correcting Forms I-9

- Make corrections on original Form I-9
- Initial and date all corrections
- Employees to make all corrections to Section 1
- Do not back date
- Do not use correction fluid
- Cross-outs (but not black-outs) are ok

# Sample Correction Section 1



## Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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.)

WEC 5/14/13

Last Name (Family Name) Coyote		First Name (Given Name) Wyle		Middle Initial E.	Other Names Used (if any) N/A	
Address (Street Number and Name) <del>123 Main Street</del> 312 Side Street			Apt. Number	City or Town Toontown	State NY	Zip Code 12345
Date of Birth (mm/dd/yyyy) 09/17/1949	U.S. Social Security Number 9 8 7 - 6 5 - 4 3 2 1		E-mail Address N/A		Telephone Number N/A	



# Sample Correction Section 2

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

SSA 6/1/18

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: U.S. Passport		Document Title:		Document Title:
Issuing Authority: Dept. of State		Issuing Authority:		Issuing Authority:
Document Number: <del>444444444</del> 555555555		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 03/31/2020		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

# Sample Reverification

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

☉List A Identity and Employment Authorization	OR	☉List B Identity	AND	☉List C Employment Authorization
Document Title: Passport Issuing Authority: Republic of Tanzania Document Number: WB123456789 Expiration Date (if any)(mm/dd/yyyy): 12/31/2017		Document Title:  Issuing Authority:  Document Number:  Expiration Date (if any)(mm/dd/yyyy): 		Document Title:  Issuing Authority:  Document Number:  Expiration Date (if any)(mm/dd/yyyy): 
Document Title: For I-94 Issuing Authority: DHS Document Number: 999999999 Expiration Date (if any)(mm/dd/yyyy): D/S				
Document Title: DS-2019 Issuing Authority: Dept. of State Document Number: N 0010012345 Expiration Date (if any)(mm/dd/yyyy): 05/07/2014				

**3-D Barcode  
Do Not Write in This  
Space**

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>	Date (mm/dd/yyyy) 05/08/2013	Title of Employer or Authorized Representative H.R. Manager
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square	City or Town New York	State NY
		Zip Code 10004

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: I-94A	Document Number: 555555555	Expiration Date (if any)(mm/dd/yyyy): 05/07/2017
--------------------------	-------------------------------	-----------------------------------------------------

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.

Signature of Employer or Authorized Representative: <i>Road Runner</i>	Date (mm/dd/yyyy): 05/08/2014	Print Name of Employer or Authorized Representative: Road Runner
---------------------------------------------------------------------------	----------------------------------	---------------------------------------------------------------------

# Receipt Rule

- Employee must already have work authorization
- May only accept receipt for replacement document that was lost, stolen, or damaged
- May not accept receipt for extension of EAD
  - Except for STEM OPT
- Must see original of replacement document within 90 days of hire (docket this date)

# Requesting Extensions of Stay for NIV Categories

## “The 240-Day Rule”

- Employees in certain NIV categories (i.e., H-1B, E-1, etc.) may continue to work during a 240-day "grace period" after filing extension of status request (on I-129)
- Employment authorization ends immediately if USCIS denies the extension of status request
- Reverification necessary at earlier of
  - Approval of extension request, or
  - End of 240-day period
- Best practices
  - Retain with existing Form I-9:
    - A copy of the new Form I-129
    - Proof of payment for filing a new Form I-129
    - Evidence that you mailed the new Form I-129
    - Receipt of filing of new Form I-129 issued by USCIS
  - Write on the margin of the I-9 next to Section 2 “240-Day Ext.” and the date the Form I-129 was submitted to USCIS



# Examples of Substantive Violations

- Violations will incur fines
- Missing or untimely completion of the Form I-9
- Employee name missing
- Failure of employee to check a box in Section 1
- Failure of an employee to sign Section 1
- Improper document(s) accepted
- Section 2 not timely signed or completed
- Section 3 not timely completed or signed if applicable

# Examples of Technical Violations

- Maiden name, address or date of birth missing
- No A#, admission number or expiration date in attestation section of box 3 or 4 checked (box 2 or 3 on older forms), if copies of documents attached
- Section 1 not dated or date of hire in Section 2 missing
- Document information incomplete (if copies attached)
- No title, business name or address
- Employer signature not dated

# Sample I-9s and Documents

# Sample I-9 for a U.S. Citizen Section 1



## Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(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.)</i>				
Last Name (Family Name) Coyote	First Name (Given Name) Wyle	Middle Initial E.	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 Main Street		Apt. Number	City or Town Toontown	State NY
Date of Birth (mm/dd/yyyy) 09/17/1949		U.S. Social Security Number 9 8 7 - 6 5 - 4 3 2 1	E-mail Address N/A	Zip Code 12345
			Telephone Number N/A	

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):

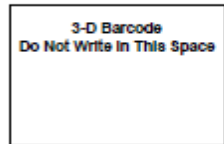
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Wyle E. Coyote</i>	Date (mm/dd/yyyy): 05/08/2013
----------------------------------------------	-------------------------------

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

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page





# Sample I-9 for a U.S. Citizen Section 2

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: U.S. Passport		Document Title:		Document Title:
Issuing Authority: Dept. of State		Issuing Authority:		Issuing Authority:
Document Number: 444444444		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 03/31/2020		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square		City or Town New York	State NY	Zip Code 10004



# Sample I-9 for a Permanent Resident

## Section 1



### Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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) Coyote		First Name (Given Name) Wyle		Middle Initial E.	Other Names Used (if any) N/A
Address (Street Number and Name) 123 Main Street			Apt. Number	City or Town Toontown	State NY
Date of Birth (mm/dd/yyyy) 09/17/1949		U.S. Social Security Number 987-65-4321		E-mail Address N/A	Telephone Number N/A
Zip Code 12345					

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
- A noncitizen national of the United States (See Instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 9 8 7 6 5 4 3 2
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ . Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
- Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee: <i>Wyle E. Coyote</i>	Date (mm/dd/yyyy): 05/08/2013
----------------------------------------------	-------------------------------

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

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: <i>Mel Blank</i>		Date (mm/dd/yyyy): 05/08/2013	
Last Name (Family Name) Blank		First Name (Given Name) Mel	
Address (Street Number and Name) 7 Hanover Square			City or Town New York
		State NY	Zip Code 10004

# Sample I-9 for a Permanent Resident Section 2 (DL & SS)

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: New York Driver's License		Document Title: Social Security Card		Document Title: Social Security Card
Issuing Authority: NY Dept. of Motor Vehicles		Issuing Authority: Social Security Admin		Issuing Authority: Social Security Admin
Document Number: 999 999 999		Document Number: 012-34-5678		Document Number: 012-34-5678
Expiration Date (if any)(mm/dd/yyyy): 05/14/2013		Expiration Date (if any)(mm/dd/yyyy): N/A		Expiration Date (if any)(mm/dd/yyyy): N/A
Document Title: 		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">           3-D Barcode Do Not Write in This Space         </div>		
Issuing Authority: 				
Document Number: 				
Expiration Date (if any)(mm/dd/yyyy): 				
Document Title: 				
Issuing Authority: 				
Document Number: 				
Expiration Date (if any)(mm/dd/yyyy): 				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square		City or Town New York	State NY	Zip Code 10004



# Sample I-9 for a Permanent Resident Section 2 (I-551)

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Permanent Resident Card		Document Title:		Document Title:
Issuing Authority: Dept. of Homeland Security		Issuing Authority:		Issuing Authority:
Document Number: 98765432		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 03/31/2020		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square		City or Town New York	State NY	Zip Code 10004







# Sample I-9 for a NIV Status (H, L, O, E) Section 1



## Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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) Coyote		First Name (Given Name) Wyle		Middle Initial E.	Other Names Used (If any) N/A
Address (Street Number and Name) 123 Main Street			Apt. Number	City or Town Toontown	State NY
Date of Birth (mm/dd/yyyy) 09/17/1949		U.S. Social Security Number 987-65-4321		E-mail Address N/A	
				Telephone Number N/A	

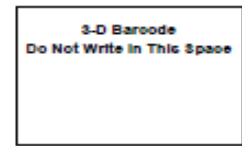
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- A citizen of the United States
- A noncitizen national of the United States (See Instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 9/30/2015. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
2. Form I-94 Admission Number: 9 9 9 9 9 9 9 9 9 9



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: WB123456789

Country of Issuance: Tasmania

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee: <i>Wyle E. Coyote</i>	Date (mm/dd/yyyy): <u>05/08/2013</u>
----------------------------------------------	--------------------------------------

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

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: <i>Mel Blanks</i>		Date (mm/dd/yyyy): <u>05/08/2013</u>	
Last Name (Family Name) Blank		First Name (Given Name) Mel	
Address (Street Number and Name) 7 Hanover Square			City or Town New York
State NY			
Zip Code 10004			

STEP Employer Completes Next Page STEP

# Sample I-9 for a NIV Status (H, L, O, E) Section 2

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Passport		Document Title:		Document Title:
Issuing Authority: Republic of Tasmania		Issuing Authority:		Issuing Authority:
Document Number: WB123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 12/31/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: For I-94				
Issuing Authority: DHS				
Document Number: 999999999				
Expiration Date (if any)(mm/dd/yyyy): 09/30/2015				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
				3-D Barcode Do Not Write in This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square		City or Town New York	State NY	Zip Code 10004

# H-1B Portability

- An H-1B worker may start working for a new company while the H-1B change of employer petition is pending so long as the following criteria are met:
  - Foreign national entered legally
  - Foreign national hasn't worked without authorization
  - Foreign national is maintaining valid status (i.e. still employed) on the day that CIS receives the COE petition
  - Non-frivolous petition is filed before I-94 card expires



# Sample I-9 for a H-1 Portability Section 2

Current version of Handbook for Employers requires only annotation on the margin identifying the employee as portable under AC-21 and that new petition was filed.

Best practice is to have some documentation that new I-129 has been received by USCIS.

AC-21 I-129 submitted 5/6/2-13

Section 2. Employer or Authorized Representative Review and Verification				
<i>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</i>				
Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.				
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title: Passport		Document Title:		Document Title:
Issuing Authority: Republic of Tasmania		Issuing Authority:		Issuing Authority:
Document Number: WB123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 12/31/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: For I-94				
Issuing Authority: DHS				
Document Number: 9999999999				
Expiration Date (if any)(mm/dd/yyyy): 09/30/2015				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
				3-D Barcode Do Not Write in This Space
<b>Certification</b>				
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.				
The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)				
Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner		First Name (Given Name) Road		Employer's Business or Organization Name Acme Corporation
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square			City or Town New York	State NY
			Zip Code 10004	

# Sample I-9 for a F-1 Curricular Practical Training Section 2

I-94 Departure Number →

Expiration date of  
CPT from I-20 form →

## Section 2. Employer or Authorized Representative Review and Verification

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Passport		Document Title:		Document Title:
Issuing Authority: Republic of Tasmania		Issuing Authority:		Issuing Authority:
Document Number: WB123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 12/31/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: For I-94				
Issuing Authority: DHS				
Document Number: 999999999				
Expiration Date (if any)(mm/dd/yyyy): D/S				
Document Title: Form I-20				
Issuing Authority: DHS				
Document Number: N11111111				
Expiration Date (if any)(mm/dd/yyyy): 09/30/2015				
				3-D Barcode Do Not Write in This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square		City or Town New York	State NY	Zip Code 10004

# Sample I-94 Evidencing Admission for a F-1 Student in Duration of Status

Departure Number	583268007 02	<i>SPECIMEN</i>
		U.S. IMMIGRATION 250 WAS
Immigration and Naturalization Service		SEP 13 1991
I-94 Departure Record		ADMITTED <u>F-1</u> CLASS
		INTIC <u>D/S</u>
Family Name	<u>STUDENT.</u>	
First (Given) Name		Birth Date: Day, Mo, Yr
<u>JOHN</u>		<u>27.08.63</u>
Country of Citizenship	<u>U.K</u>	

# Sample Form I-20

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):  
 First (given) Name: Middle Name:  
 Country of birth: Date of birth (mo/day/year):  
 Country of citizenship: Admission number:

2. School (School district) name:  
 Test School 50-F  
 Test School 50-F  
 School Official to be notified of student's arrival in U.S. (Name and Title):  
 Test PDSO-50  
 International Student Director  
 School address (include zip code):  
 1000 Washington Street  
 Seattle, WA 98104  
 School code (including 3-digit suffix, if any) and approval date:  
 SEA214F00050000 approved on 09/22/2002

3. This certificate is issued to the student named above for:  
 Initial attendance at this school.

4. Student is pursuing or will pursue in the United States:  
 MASTER'S

5. The student named above has been accepted for a full course of study at this school, majoring in Ecological Medicine.  
 The student is expected to report to the school no later than 05/20/2003 and complete studies not later than 05/20/2005. The normal length of study is 24 months.

6. English proficiency:  
 This school requires English proficiency.  
 The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of 8 (up to 12) months to be:

a. Tuition and fees	\$	<u>35,189.00</u>
b. Living expenses	\$	<u>13,003.00</u>
c. Expenses of dependents (1 )	\$	<u>3,150.00</u>
d. Other (specify):	\$	<u>0.00</u>
Total	\$	<u>51,342.00</u>

8. This school has information showing the following as the student's means of support, estimated for an academic term of \_\_\_\_\_ months (Use the same number of months given in item 7).

a. Student's personal funds	\$	<u>450.00</u>
b. Funds from this school	\$	<u>0.00</u>
Specify type: _____		
c. Funds from another source	\$	<u>0.00</u>
Specify type: _____		
d. On-campus employment	\$	<u>0.00</u>
Total	\$	<u>450.00</u>

9. Remarks: \_\_\_\_\_

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.  
 International Student Director  
 Test PDSO-50  
 02/10/2003 Seattle, WA

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

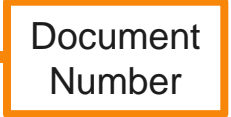
Name of parent or guardian \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_ Address (city) \_\_\_\_\_ (State or Province) \_\_\_\_\_ (Country) \_\_\_\_\_ (Date) \_\_\_\_\_  
 If student under 18

For Immigration Official User

SEVIS Student's Copy  
N0000044703

Visa issuing post \_\_\_\_\_ Date Visa Issued \_\_\_\_\_

Reinstated, extension granted to: \_\_\_\_\_



Document Number

# Sample Form I-20

Page 3

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Primary Major: 52.1201 Management Information Systems, General

Student Employment Authorization:

Employment Status: FULL TIME Type: OPT  
 Duration of Employment - From (Date): 06/01/2010 To (Date): 05/31/2011  
 Employer Name:  
 Employer Location:

The Student has met the 1 full academic year requirement.

Comments:

Employment Status: FULL TIME Type: CPT  
 Duration of Employment - From (Date): 01/25/2010 To (Date): 05/31/2010  
 Employer Name:  
 Employer Location:

Comments:

Event History

Event Name: Registration Event Date: 01/17/2008

Current Authorizations:

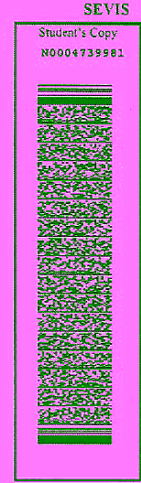
Start Date:	End Date:
CPT Employment 01/25/2010	05/31/2010
OPT Employment Requested 06/01/2010	05/31/2011

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School: \_\_\_\_\_

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
_____	_____	Assistant	03/09/2010	_____
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Form I-20 A-B (Rev. 04-27-88)N



Expiration Date





# Sample I-9 for a F-1 Optional Practical Training (and all others with EAD) Section 2

## Section 2. Employer or Authorized Representative Review and Verification

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Employment Authorization Doc		Document Title:		Document Title:
Issuing Authority: Dept. of Homeland Security		Issuing Authority:		Issuing Authority:
Document Number: EAC 0987654321		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06/08/2013		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority: DHS				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/08/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner		First Name (Given Name) Road		Employer's Business or Organization Name Acme Corporation
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square			City or Town New York	State NY <input type="checkbox"/>
			Zip Code 10004	

# Sample Employment Authorization Card (EAD)



Alien Number

Document Number

Expiration Date

# Sample I-9 for a J-1 Nonimmigrant Status Section 2

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Passport		Document Title:		Document Title:
Issuing Authority: Republic of Tasmania		Issuing Authority:		Issuing Authority:
Document Number: WB123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 12/31/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: For I-94		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority: DHS				
Document Number: 999999999				
Expiration Date (if any)(mm/dd/yyyy): D/S				
Document Title: DS-2019				
Issuing Authority: Dept. of State				
Document Number: N 0010012345				
Expiration Date (if any)(mm/dd/yyyy): 09/30/2015				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/13/2013	Title of Employer or Authorized Representative H.R. Manager		
Last Name (Family Name) Runner		First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square			City or Town New York	State NY	Zip Code 10004

# Sample Form DS-2019

Expiration Date as I-94 will show D/S (duration of stay)

U.S. Department of State  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS**

OMB APPROVAL NO.1405-0019  
EXPIRES: 01-28-2005  
ESTIMATED BURDEN TIME: 45 min  
\*See Page 2

1. Family Name: Visitor		First Name: New		Middle Name: Exchange		Gender: FEMALE		N0000059190	
Date of Birth (mm-dd-yyyy): 01-10-1985		City of Birth: Nassau		Country of Birth: BAHAMAS, THE		Citizenship Country Code: BF		Citizenship Country: BAHAMAS, THE	
Legal Permanent Residence Country Code: BF		Legal Permanent Residence Country: BAHAMAS, THE		Position Code: 900		Position: CATEGORY - OTHER			
U.S. Address: 800 K Street Washington, DC 20001									
2. Program Sponsor: Andrew's Colorado School						Exchange Visitor Program Number: G-4-10089			
Participating Program Official Description: AU PAIR; AU PAIR									
Purpose of this form: Begin new program; accompanied by number (1) of immediate family members.									
3. Form Cover Period: From (mm-dd-yyyy): 05-15-2003 To (mm-dd-yyyy): 05-15-2004				4. Exchange Visitor Category: AU PAIR Subject/Field Code: 32.0105 Subject/Field Code Description: Job-Seeking/Changing Skills					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by: Current Program Sponsor Funds : \$10,000.00 Personal Funds : \$20,000.00 Total : \$30,000.00									
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE)					7. Name of Official Preparing Form 2424 Garden of the Gods Colorado Springs, CO 80919 Address of Responsible Officer or Alternate Responsible Officer Signature of Responsible Officer or Alternate Responsible Officer				
					Title 202-555-1212 Telephone Number 04-17-2003 Date (mm-dd-yyyy)				
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ 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 211(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended  <small>(ALL USAID PARTICIPANTS G-2-026) AND ALL ALIEN PHYSICIANS SPONSORED BY P-2-439 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT</small>						TRAVEL VALIDATION BY RESPONSIBLE OFFICER <small>(Maximum validation period is one year*)</small> *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (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			
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 211(c).			
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.									
Signature of Applicant _____ Place _____						Date (mm-dd-yyyy) _____			

Document Number

# Sample Reverification

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Passport Issuing Authority: Republic of Tasmania Document Number: WB123456789 Expiration Date (if any) (mm/dd/yyyy): 12/31/2017		Document Title:  Issuing Authority:  Document Number:  Expiration Date (if any) (mm/dd/yyyy): 		Document Title:  Issuing Authority:  Document Number:  Expiration Date (if any) (mm/dd/yyyy): 
Document Title: For I-94 Issuing Authority: DHS Document Number: 999999999 Expiration Date (if any) (mm/dd/yyyy): D/S Document Title: DS-2019 Issuing Authority: Dept. of State Document Number: N 0010012345 Expiration Date (if any) (mm/dd/yyyy): 05/07/2014				<div style="border: 1px solid black; padding: 5px;">             3-D Barcode Do Not Write In This Space           </div>

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 05/08/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Road Runner</i>		Date (mm/dd/yyyy) 05/08/2013	Title of Employer or Authorized Representative H.R. Manager	
Last Name (Family Name) Runner	First Name (Given Name) Road	Employer's Business or Organization Name Acme Corporation		
Employer's Business or Organization Address (Street Number and Name) 7 Hanover Square		City or Town New York	State NY	Zip Code 10004

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: I-94A	Document Number: 555555555	Expiration Date (if any) (mm/dd/yyyy): 05/07/2017
--------------------------	-------------------------------	------------------------------------------------------

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.

Signature of Employer or Authorized Representative: <i>Road Runner</i>	Date (mm/dd/yyyy): 05/08/2014	Print Name of Employer or Authorized Representative: Road Runner
---------------------------------------------------------------------------	----------------------------------	---------------------------------------------------------------------



# Sample I-94 Extension

RECEIPT NUMBER EAC- [REDACTED]		CASE TYPE I129
RECEIPT DATE January 7, 2011		PRIORITY DATE
NOTICE DATE March 31, 2011		PAGE 1 of 1
[REDACTED] ATTORNEY AT LAW [REDACTED] PO BOX [REDACTED] HOUSTON TX 77242-1807		PETITIONER [REDACTED] BENEFICIARY A [REDACTED]
<p>Notice Type: Approval Notice Class: H1B Valid from 03/31/2011 to 12/14/2013</p>		
<p>The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.</p> <p>The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, <i>Arrival-Departure Record</i>. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, <i>Application for Action on an Approved Application or Petition</i>, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		
<p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p> <p>U.S. CITIZENSHIP &amp; IMMIGRATION SVCS VERMONT SERVICE CENTER 75 LOWER WELDEN STREET SAINT ALBANS VT 05479-0001 Customer Service Telephone: (800) 375-5283 Form I797A (Rev. 09/07/93)N</p>		

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

Document  
Number

Expiration  
Date

Detach This Half for Personal Records

Receipt # EAC- [REDACTED]  
I-94# [REDACTED]  
NAME [REDACTED]  
CLASS H1B  
VALID FROM 03/31/2011 UNTIL 12/14/2013  
PETITIONER: [REDACTED]

Receipt Number EAC- [REDACTED]	
Immigration and Naturalization Service	
I-94	
Departure Record	Petitioner: [REDACTED]
14. Family Name [REDACTED]	
15. First (Given) Name [REDACTED]	16. Date of Birth [REDACTED]
17. Country of Citizenship INDIA	



# Sample Receipt for a Lost, Stolen, or Damaged Document

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Coyote, Wyle E.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: New York Driver's License		Document Title: Receipt for SS Card <i>Social Security Card</i>
Issuing Authority:		Issuing Authority: NY Dept. of Motor Vehicles		Issuing Authority: Social Security Admin <i>SSA 7/1/13</i>
Document Number:		Document Number: 999 999 999		Document Number: 012-34-5678
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 05/14/2013		Expiration Date (if any)(mm/dd/yyyy): N/A
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

# Compliance Enforcement

# Why Compliance Matters

- New worksite enforcement strategy announced in April, 2009
- Resources focused on criminal prosecutions of employers who knowingly hire unauthorized workers
- Dramatically invigorated use of civil enforcement tools including I-9 audits, civil fines, and debarment
- FY 2004 – 3 ICE I-9 audits
- FY 2008 – 500 ICE I-9 audits
- FY 2012 – 3,004 ICE I-9 audits
- 520 criminal arrests tied to worksite enforcement
- 376 businesses and individuals debarred from federal contracting for administrative and criminal offenses

# Current Immigration Compliance Priorities

New Worksite Enforcement Strategy announced in April 2009

Resources focused on criminal prosecutions of employers who knowingly hire unauthorized workers

Dramatically invigorated use of civil enforcement tools including I-9 audits, civil fines, and debarment

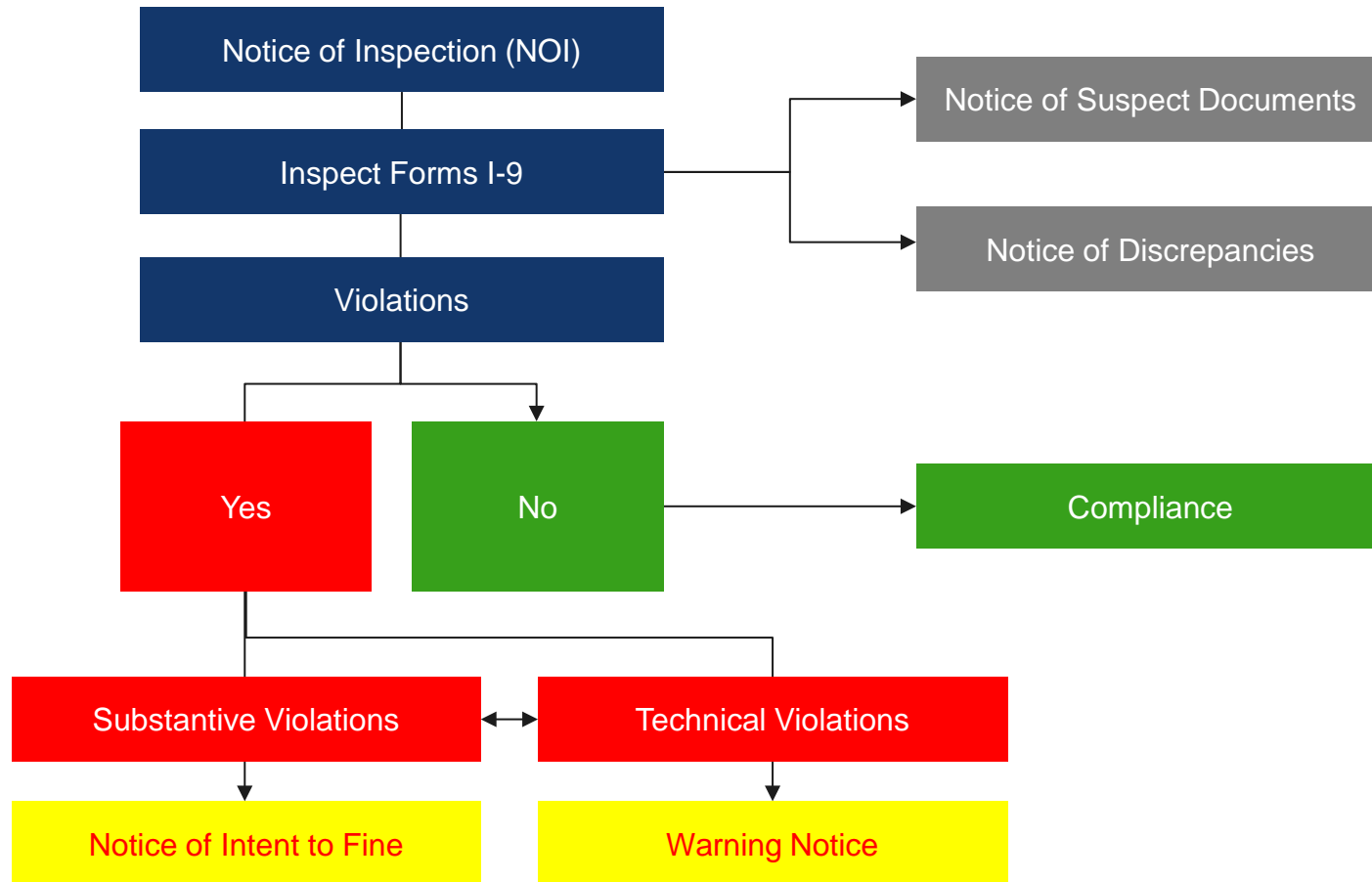
- FY 2004 – 3 Notices of Inspection
  - FY 2008 – 500 Notices of Inspection
  - FY 2012 – 3,004 Notices of Inspection
  - FY 2013 – 3,127 Notices of Inspection
- Largest Penalty for Single Employer - \$34M
- Criminal Penalties for Corporate Officers
  - Debarment from Gov't Contracts

# Anatomy of an Audit

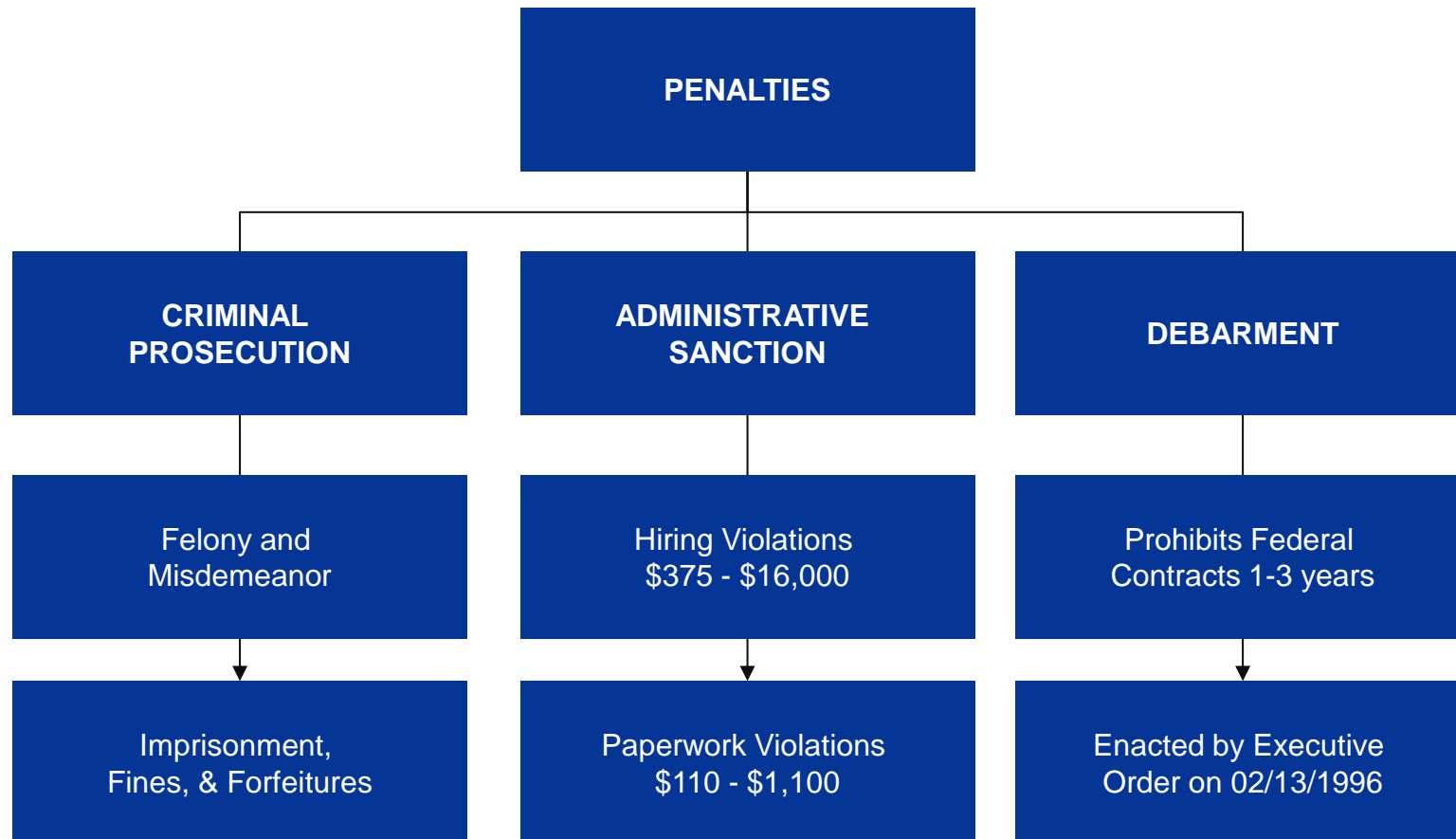
- Notice of inspection
- Time and scope of the audit
  - Work with agents to make scope manageable
  - 72 hours response time unless extension granted
- ICE subpoena
- Inspection and audit
- Notice of intent to fine/warning
- Negotiation – civil penalty matrix
  - 25% upward or downward adjustment
  - Discretion still exists
    - *United States v. Subway Restaurant #3718*



# Form I-9 Inspection Process



# ICE- Consequences of Hiring Unauthorized Aliens



# Knowing Hire/Continuing to Employ Fine Schedule (violations occurring after 3/27/08)

% of Violation in Total Workforce	First Tier \$375 - 3,200	Second Tier \$3,200 - \$6,500	Third Tier \$4,300 - \$16,00
Up to 9%	\$375	\$3,200	\$4,300
10% to 19%	\$845	\$3,750	\$6,250
20% to 29%	\$1,315	\$4,300	\$8,200
30% to 39%	\$1,785	\$4,850	\$10,150
40% to 49%	\$2,255	\$5,400	\$12,100
50% and Up	\$2,725	\$5,950	\$14,050

# Substantive/Uncorrected Technical Violations Fine Schedule

% of Violation in Total Workforce	First Offense	Second Offense	Subsequent Offense
Up to 9%	\$110	\$550	\$1,100
10% to 19%	\$275	\$650	\$1,100
20% to 29%	\$440	\$750	\$1,100
30% to 39%	\$605	\$850	\$1,100
40% to 49%	\$770	\$950	\$1,100
50% and Up	\$935	\$1,100	\$1,100

# Enhancement Matrix

Factor	Aggravating	Mitigating	Neutral
Business Size	+ 5%	- 5%	+/- 0%
Good Faith	+ 5%	- 5%	+/- 0%
Seriousness	+ 5%	- 5%	+/- 0%
Unauthorized Workers	+ 5%	- 5%	+/- 0%
History	+ 5%	- 5%	+/- 0%
Cumulative Adjustment	+ 25%	- 25%	+/- 0%



# Tips on How to Avoid or Minimize Liability

- Conduct a self audit and make corrections before ICE issues Notice of Inspection
- Keep copies of supporting documents in order to invoke “Sonny Bono Amendment” for technical violations
- Better late than never
- Complete new forms if one is not found in the file
- Negotiate when you can - ICE has self-imposed limit on discretion to deviate from initial assessment of fine, but the amount initially assessed can arbitrary

# Review of ICE Determination

- ICE-imposed fines may be appealed to ALJ with the Office of the Chief Administrative Hearing Officer
- Recent trend suggests significant chance of fine reduction by ALJ, especially when appellant is small business
- ALJ declines to be bound by ICE matrix
  - Reduction of fine by more than 80% at times
  - But also has enhanced penalty when more evidence of bad faith comes into light after appeal
- Employers must balance likelihood of success with cost of litigation
- OCAHO decisions are appealed to the U.S. Court of Appeals for the circuit where violation occurred

# Examples of OCAHO Fine Reduction

Respondent	Amount Sought	Amount Accessed
Pegasus Restaurant	\$131,554	\$47,427
March Construction	\$86,933	\$17,120
Santiago's Restaurant	\$52,529	\$20,100
H&H Saguaro Specialists	\$18,700	\$3,350
Four Seasons Earthworks	\$15,361	\$9,500
Forsch Plymer	\$11,827	\$4,600
Stanford Sign & Awning	\$12,523	\$9,600

# Handling Social Security Mismatch

- SSA resumed sending “decentralized correspondence” (DECOR) letters in April, 2011
- Employers expected to resolve mismatch even with rescission of regulation
- Inaction is factor to consider whether employer has “knowledge” of unauthorized worker
- Catch-22
  - OSC/NLRB/Courts consistently rule against employers who do take action
- Best practice
  - Notify employees immediately
  - Require diligent follow-up
  - Do not take adverse personnel action before final resolution
  - Do not hold employee liable for government error/inefficiency



# State (and Local) Enforcement Trends

- Restrictive immigration enforcement laws as reaction to perceived federal inaction (i.e., AL, AZ, FL, GA)
- Over half of all states have some E-Verify requirements
- U.S. Supreme Court upheld states' right to require E-Verify
  - *Chamber of Commerce v. Whiting*
- Concerns to your HR professionals
  - Federal preemption
    - Inconsistent requirements in various jurisdictions
  - Incompetent enforcement
    - Lack of understanding on the part of state or local officials
  - Unnecessary disruption to business



# E-Verify

# What is E-Verify

- Voluntary (except where it is not)
  - Federal contractors
  - State and local requirements
  - STEM extension
- Matches name with information in SSA and DHS databases
- Pros
  - Reduces chance of SSN no-match
  - Safe harbor for good faith reliance on result
- Cons
  - Additional administrative cost
  - Error in government databases
  - Ineffectiveness against ID fraud

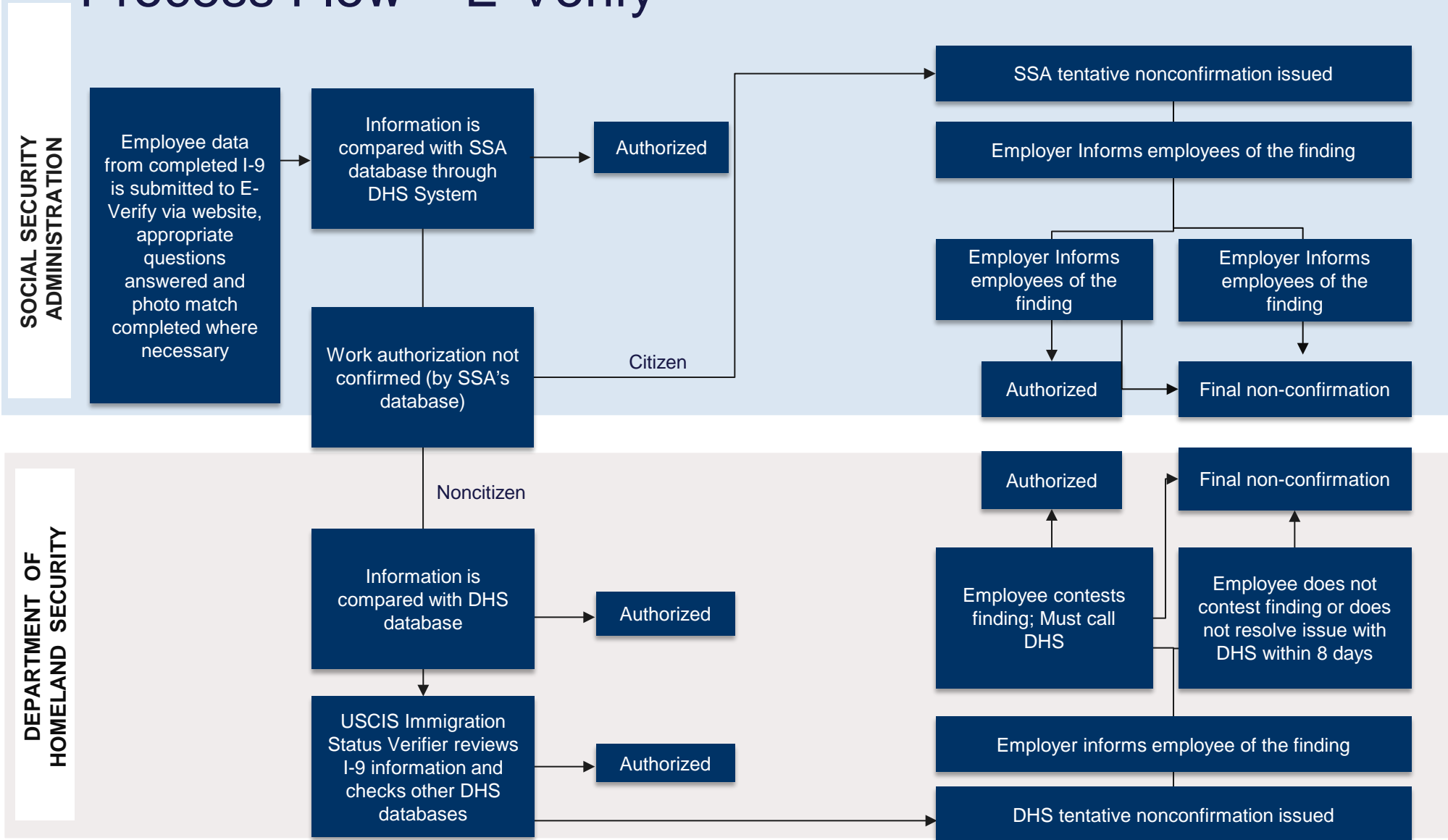
# How Does an Employer Use E-Verify?

- Employers can register for E-Verify using one of the accepted access methods
  - Employer
  - Designated Agent
  - Corporate Administrator
- Employers who participate must sign a Memorandum of Understanding (MOU), setting forth the terms by which the SSA and DHS will provide information through E-Verify on behalf of the employer
- Registration is based on hiring location
- Each site with MOU must verify the status of all new hires for that site

# How Does the E-Verify Process Work?

- Employers electronically submit information provided on Form I-9
  - Electronic I-9 software available to streamline Form I-9 and E-Verify processes
- The E-Verify system queries the databases of the Social Security Administration and Department of Homeland Security
- Additional processes must be followed depending upon the initial verification results

# Process Flow – E-Verify



# Special Rule for Federal Contractors

- Applies to contracts awarded or modified on or after September 8, 2009
- Requires many federal contractors to participate in E-Verify
- Applies to prime contracts over \$100,000 in value and 120 days or longer in performance period, and subcontracts over \$3,000 in value for services or construction only
- Non-compliance may cause employer to be disbarred from future federal contracts



# Recent E-Verify Initiatives

- My E-Verify
  - Web-based service providing individuals with self-service features
  - Self-Check and Self-Lock
    - Employers may not require pre-employment self-confirmation
- Photo matching tool
  - Available for U.S. passport, “green card,” and “EAD” only
  - Compares photo on document with photo on screen
- Records & information verified by DMVs for E-Verify (R.I.D.E.)
  - Compares DMV data with information on DL or state ID
  - FL, IA, ID, MS, NE currently participate

# E-Verify Monitoring and Compliance

- Monitoring and Compliance
  - Gives guidance on the proper use of E-Verify
  - Identifies and deters possible discriminatory practices,
  - Sends timely emails to employers about case processing errors
  - Detects employer misuse
  - Conducts desk reviews and site visits to assist employers with E-Verify program compliance

# E-Verify Enforcement Concerns, cont'd

- Targets individual complaints and allegations of discriminatory pattern or practice
- Identifies trends that supports allegations of discrimination:
  - High number of non-citizens presenting List A documents
  - Re-verification of employees with permanent work authorization
- Relies on “statistical inference” and other indirect evidence
- Interprets “discriminatory intent” liberally and does not require “animus:
- Uses broad investigative authority as leverage in settlements
- Total monetary penalty collected rose more than 25 times from 2008 to 2013

# Best Practices

- Establish a corporate (with accountability) for timely completion of Form I-9 and E-Verify query
- Develop explicit corporate written policies on non-discriminatory practices, as well as procedures in dealing with a tentative nonconfirmation
- Conduct regular training and document the time, place, participants and trainers
- Have a protocol for responding to government audits, whether M&C, ICE, OSC or other (including state) agencies
- Consider streamlining electronic I-9 and E-Verify systems to reduce human error



## Immigration-Related Employment “Discrimination”

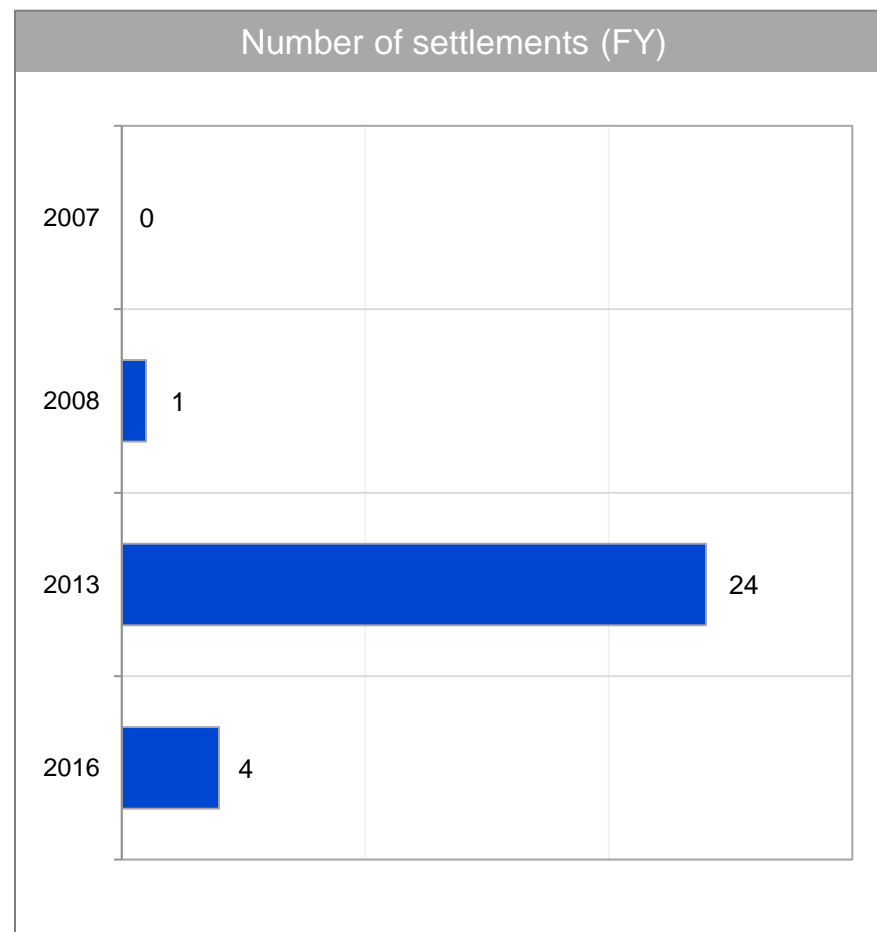
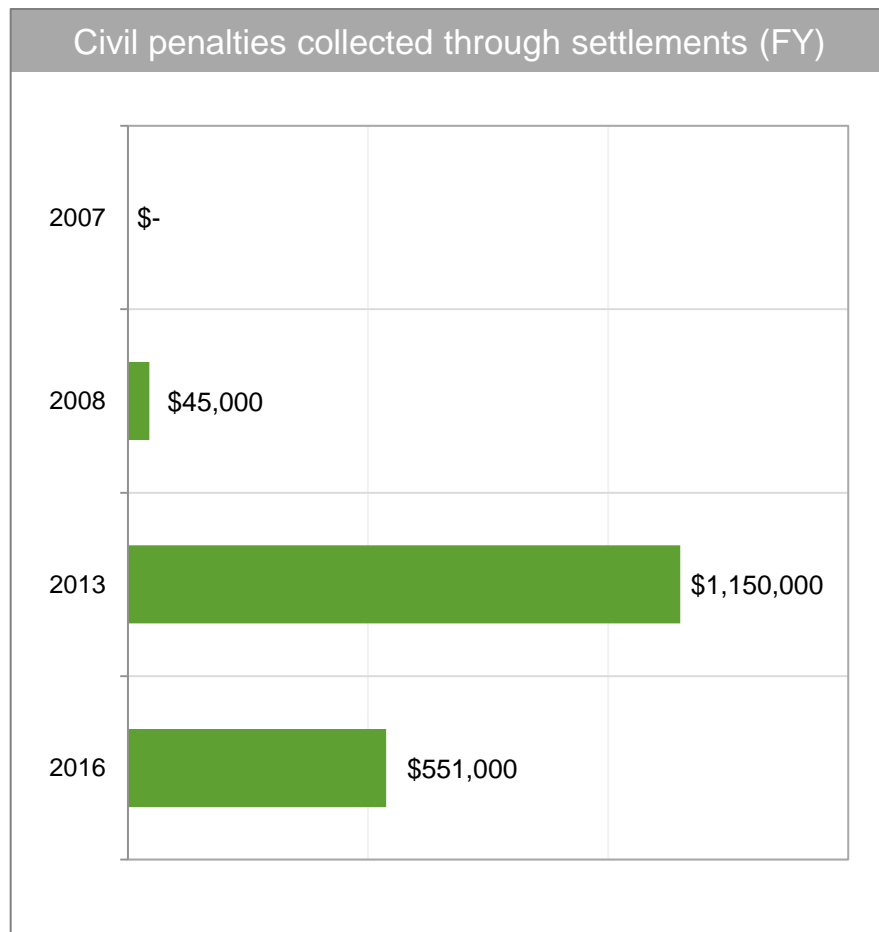
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# Enforcement Framework

- The antidiscrimination provisions of the Immigration and Nationality Act were enacted through the Immigration Reform and Control Act of 1986 (IRCA), and codified in INA § 274B, 8 U.S.C. § 1324b
- Office of Special Counsel for Immigration-Related Unfair Employment Discrimination (OSC) enforces this body of law.
- Covered actions are hiring, firing, and recruitment or referral for a fee, but not conditions of employment.
- There is no jurisdiction over “disparate impact,” only “disparate treatment”



# Impact on Employers – Increase in Enforcement



\* Current as of January 2016

## Impact on Employers – Areas of Exposure

- Many “violations” are not intuitively “discrimination”
- An OSC Investigation may result from:
  - Choice of wording in a job opening announcement
  - A business decision not to hire applicants who are not eligible for long term employment
  - Abundant caution in ensuring all employees are work-authorized
  - Statistical inferences drawn even from proper use of E-Verify
  - Decision to use outsource certain functions
  - Exercising judgment in rejecting suspicious looking documents
  - Following up on a Social Security data mismatch
  - Glitches in electronic I-9 or job application software

# Impact on Employers – Consequences

- Monetary penalties
  - Recent settlements:
    - Yellow Cab of Nevada - \$445,000 (civil penalty)
    - Luis Esparza Services - \$320,000 (civil penalty)
    - Farmland Foods - \$290,400 (civil penalty)
    - Catholic Healthcare West - \$275,000 (civil penalty)
    - Macy's - \$275,000 (civil penalty + back wage)
    - Select Staffing - \$265,000 (civil penalty + back wage)
- Bad publicity in the press, on Capitol Hill, etc., for “discrimination” against U.S. workers, immigrants
  - Case of U.S. v. Nebraska Beef, Inc.
- Protracted (costly) investigation/discovery/litigation
  - Process and not result is most punitive

## Prohibited Conduct

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- Citizenship/Immigration status discrimination
- National origin discrimination
- Document abuse
- Retaliation or Intimidation

# National Origin Discrimination

## Prohibits:

- Treating individuals differently because of their place of birth, country of origin, ancestry, native language, accent, or because they are perceived as looking or sounding “foreign”
- OSC has jurisdiction over employers with 4-14 employees. EEOC has jurisdiction over larger employers
- All authorized employees are protected

# Citizenship/Immigration Status Discrimination

## Prohibits:

- Treating individuals who are eligible to work differently because they are, or are not, U.S. citizens, or based on their immigration status
- Preferring certain candidates because of their visa status (including unauthorized workers)

## Covered Action:

- Hiring, Firing, and Recruitment or Referral for a Fee of protected persons



# Who is Protected (Citizenship Status Discrimination)

- U.S. Citizen or National.
- U.S. Lawful Permanent Resident.
- Person granted Refugee status in the United States.
- Person granted Asylee status in the United States.
- A Special Agricultural Worker under section 210 or a beneficiary of legalization through an amnesty program under section 245A of the U.S. Immigration and Nationality Act.

# Prohibited Language in Job Postings

- The following are examples of language that could suggest citizenship status discrimination and should be avoided in job postings:
  - “Only U.S. Citizens”
  - “OPT eligible”
  - “OPT only” or “OPT preferred”
  - “Foreign nationals preferred”
  - “Only U.S. Citizens or Green Card Holders”
  - “H-1Bs Only”
  - “H-1B Transfers Only”
  - “H-1Bs preferred”
  - “Must have a green card”
  - “International students preferred”

# Job Postings—Permissible Language

- For U.S. jobs, employers can confirm work authorization in Job Ad.
  - i.e., “must be authorized to work in the US.”
- If the position truly requires work authorization in two countries (i.e., US & India), it is permissible to require work authorization in both countries.
- Can include a statement regarding whether employer will provide visa sponsorship or not.

# Pre-Employment Screening

- Acceptable Questions:
    - “Are you authorized to work in the United States?”
    - “Do you now or will you in the future need an employer to sponsor you for a visa to work in the United States?”
  - Identify (and rule out) protected class members:
    - “Are you one of the following:
      - U.S. Citizen
      - Permanent or conditional resident, or special immigrant
      - Refugee
      - Asylee”
- \*Avoid specifying which particular status

# Document Abuse

## Prohibits:

- Discriminating in the employment eligibility verification process on the basis of citizenship status or national origin

## Protects:

- All authorized workers

## Covered Action:

- Requesting more or different documents than are required to verify employment eligibility OR
- Rejecting reasonably genuine-looking documents OR
- Specifying certain documents over others
- Refusal to hire or discharge is not required
- Reverification of employees with permanent work authorization

# Sources of Discrimination Charge

- Charge filed by individual employee
- OSC, acting on tips, initiates “independent” investigation without a “charging party”
- Referral from other agencies
  - Referral from E-Verify’s Monitoring and Compliance Unit.
  - Information provided by other governmental entities
    - e.g. Department of Labor, ICE, and state governments
    - MOU with EEOC, joint guidance on I-9 audits with ICE, etc.



# Retaliation or Intimidation

- Protects individuals who:
  - file charges with OSC
  - cooperate with an OSC investigation
  - contest action that may constitute unfair documentary practices covered by OSC
  - assert their own or others' rights under the INA's anti-discrimination provision
- Protects such individuals from intimidation, threats, coercion, and retaliation

# Common Pitfalls

- Asking non-citizens to produce “immigration” documents.
  - Statistical inference of discrimination arises when disproportionately high number of non-citizens produce DHS-issued documents (List A) while citizens are permitted to present other (Lists B& C) documents.
- Accepting (and photocopying) unnecessary document from employees.
- Employers reverify expired documents instead of expired work authorization (e.g., reverification of “green card” when employee is permanently authorized to work ).
- Improper use of E-Verify giving rise to suspicion of disparate treatment based on citizenship status.
- Audit of employment eligibility of workforce based on citizenship status of employees.
- Failure to recognize and improper rejection of uncommon work authorization document.
- Improperly/incorrectly citing immigration documentation as reason for termination when other, nondiscriminatory reasons exist.

# Common Defenses

- No standing (not protected worker under § 274B)
- No jurisdiction under the INA
- Non-discriminatory justification for adverse employment action
- No adverse employment action (INA only covers hiring and firing)
- No discriminatory intent behind erroneous action
  - Caution: OSC does not require “animus” with “discriminatory intent”
- Inherent differences in citizenship status necessitate different process (e.g., ability to travel to certain countries as part of job duty)
- Other law of gov’t contract impose citizenship requirement

# Recap-Best Practices

- Be consistent in dealing with announcing a job, taking applications, interviewing, offering a job, verifying eligibility to work, hiring and firing.
- Avoid citizenship status requirements, such as U.S. citizenship or permanent residence, unless mandated by law or federal contract.
- Avoid any reference to visa categories in a job announcement.
- Allow all employees to present documents of their choice so long as the documents are acceptable under immigration law.
- Do not reverify documents presented by employees with the permanent right to work in the United States.



Thank You  
Questions?

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