

# Power HouR Session One Processing 1-9's

Kevin Sansberry  
Human Resources

# What is the I-9?

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- Form I-9
  - Employment Eligibility Verification
  - All US Employees (Hired after Nov. 6<sup>th</sup> 1986)
- Comprised of three sections...

# Form I-9

## Section One

OMB No. 1615-0047; Expires 08/31/12

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

**Form I-9, Employment Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #

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 #) \_\_\_\_\_

An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

## Section Two

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

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

## Section Three

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

A. New Name (if applicable) \_\_\_\_\_ B. Date of Birth (month/day/year) (if applicable) \_\_\_\_\_

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

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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 _____	Date (month/day/year) _____
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# Why is this important?

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- It is against the law to hire employees who are not authorized to work in the United States
- Form I-9, Government issued document
  - Mistakes are costly

# Fees and Penalties

## Fees for Hiring or continuing to employ unauthorized aliens and/or National origin Discrimination.

- First Offense: No less than **\$375** , no more than **\$3200** per unauthorized alien
- Second Offense: No less than **\$3200** , no more than **\$6500** per unauthorized alien
- Third Offense: No less than **\$4300** , no more than **\$16,000** per unauthorized alien

## Fees for civil document fraud

- First Offense: No less than **\$375** , no more than **\$3200** per unauthorized alien
- Subsequent Offenses: No less than **\$3200** , no more than **\$6500** per unauthorized alien

\*The information above was obtained from the *U.S. citizenship and immigration services handbook for employers*

# I-9 Section One

(Employee Section)

# Section One

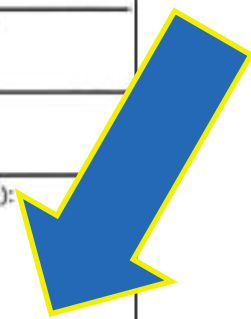
Should be completed  
on the date of hire  
(Effective date)

- What if the date is different?
- If an employer cannot complete section one without assistance or translation, the assistant / translator must complete the “Preparer and/or Translator” section.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)			
Print Name: Last Doe	First John	Middle Initial A	Maiden Name
Address (Street Name and Number) 123 Main Street		Apt. # 1	Date of Birth (month/day/year) 01/01/1952
City Washington	State DC	Zip Code 20011	Social Security # 000-00-0000
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) <input checked="" type="checkbox"/> An alien authorized to work (Alien # or Admission #) 0000000000 until (expiration date, if applicable - month/day/year) 02/28/2011	
Employee's Signature <i>John Doe</i>		Date (month/day/year) 02/20/2009	
<b>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.</b>			
Preparer's/Translator's Signature <i>Jane Doe</i>		Print Name Jane Doe	
Address (Street Name and Number, City, State, Zip Code) 123 Main Street, Apt. 2, Washington, DC 20011			Date (month/day/year) 02/20/2009

# Common errors in section one

<b>Section I. Employee Information and Verification</b> <i>(To be completed and signed by employee at the time employment begins.)</i>			
Print Name: Last Doe	First John	Middle Initial A	Maiden Name
Address (Street Name and Number) 123 Main Street		Apt. # 1	Date of Birth (month/day/year) 01/01/1952
City Washington	State DC	Zip Code 20011	Social Security # 000-00-0000
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) <input checked="" type="checkbox"/> An alien authorized to work (Alien # or Admission #) <span style="border: 1px solid black; padding: 2px;">00000000000</span> until (expiration date, if applicable - month/day/year) <span style="border: 1px solid black; padding: 2px;">02/28/2011</span>	
Employee's Signature <span style="border: 1px solid black; padding: 2px;"><i>John Doe</i></span>		Date (month/day/year) <span style="border: 1px solid black; padding: 2px;">02/20/2009</span>	
<b>Preparer and/or Translator Certification</b> <i>(To be completed and signed if Section I 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.</i>			
Preparer's/Translator's Signature <span style="border: 1px solid black; padding: 2px;"><i>Jane Doe</i></span>		Print Name Jane Doe	
Address (Street Name and Number, City, State, Zip Code) 123 Main Street, Apt. 2, Washington, DC 20011		Date (month/day/year) 02/20/2009	



# Alien Authorized to Work

U.S. Department of Justice  
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB NO. 1115-0051)

Page 1

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):		For Immigration Official Use		SEVIS
First (given) Name:	Middle Name:	Student's Copy N0000175206		
Country of birth:	Date of birth (month/day/year):			
Country of citizenship:	Admission number:			
2. School (School district) name:		Visa issuing post	Date Visa issued	
Oregon University System Oregon State University				
School Official to be notified of student's arrival in U.S. (Name and Title):		3. This certificate is issued to the student named above for:		
Valerie Rosenberg Associate Director, Office of International Education		Continued attendance at this school.		
School address (include zip code):		4. Level of education the student is pursuing or will pursue in the United States:		
Oregon State University 444 Snell Hall, Office of International Corvallis, OR 97331-1642		MASTER'S		
School code (including 3-digit suffix, if any) and approval date:		5. This student named above has been accepted for a full course of study at this school, majoring in <u>Mathematics, General</u> .		
P0021490002000 approved on 12/30/2002		The student is expected to report to <u>the school no later than 04/01/2003</u> and complete studies not later than <u>04/30/2006</u> . The normal length of study is <u>48</u> months.		
8. This school has information showing the following as the student's means of support, estimated for an academic term of <u>12</u> months (Use the same number of months given in item 7).		9. Remarks: <u>Health insurance is required; summer tuition and books are not included above.</u>		
a. Student's personal funds \$ <u>1,742.00</u>				
b. Funds from this school \$ <u>22,258.00</u>				
Specify type: <u>TA/Tuition Waiver</u>				
c. Funds from another source \$ <u>0.00</u>				
Specify type: _____				
d. On-campus employment \$ <u>0.00</u>				
Total \$ <u>24,000.00</u>				
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(h)(6); I am a designated official of the above named school and am authorized to issue this form.				
Name of School Official: <u>Valerie Rosenberg</u>		Signature of Designated School Official: <u>Valerie Rosenberg</u>		
Title: <u>Associate Director, Office of International Education</u>		Date Issued: <u>03/01/2003</u> Place Issued (city and state): <u>Corvallis, OR</u>		
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: <u>Print Student Name</u>		Signature of Student: <u>Student Signature</u> Date: <u>3/1/03</u>		

Departure Number:		U.S. IMMIGRATION 250 WAS	
722336084 01		SEP 13 2006	
Immigration and Naturalization Service		1-94 Departure Record	
ADMITTED <u>L-1</u>		UNTIL <u>July 1, 2006</u> (CLASS)	
14 Family Name: <u>DOE</u>		16 Birth Date (Day Mo Yr): <u>106.01.06</u>	
15 First (Given) Name: <u>JOHN</u>		17 Country of Citizenship: <u>U.S.</u>	

# I-9 Section Two

(Employer Section)

# Section Two

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

List A	OR	List B	AND	List C
Document title: _____		Driver's License		Social Security Card
Issuing authority: _____		Missouri		Social Security Administration
Document #: _____		L29392019		123-31-2131
Expiration Date (if any): _____		08/05/2012		N/A
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 04/14/2010 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Kevin Sansberry</i>	Print Name <i>Kevin Sansberry</i>	Title <i>HR Assistant</i>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <i>UMKC 5100 Rockhill Road Kansas City, MO 64110</i>		Date (month/day/year) <i>04/14/2010</i>

# Certification Date

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

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- Date is very important!
  - This date must match the effective date.
  - The date has to fall within three days of date of e-verify initiation
    - What if there is a date discrepancy?

Please send me a memo, explaining why

# Common errors in Section Two

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

List A	OR	List B	AND	List C
Document title: _____	OR	Driver's License	AND	Social Security Card
Issuing authority: _____		Missouri		Social Security Administration
Document #: _____		L29392019		123-31-2131
Expiration Date (if any): _____		08/05/2012		N/A
Document #: _____				
Expiration Date (if any): _____				

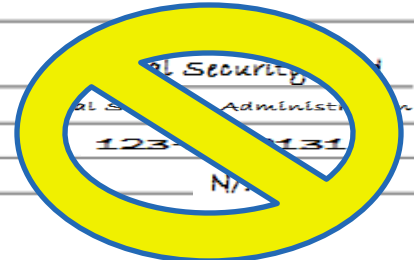
**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 04/14/2010 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Kevin Sansberry</i>	Print Name <i>Kevin Sansberry</i>	Title <i>HR Assistant</i>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <i>UMKC 5100 Rockhill Road Kansas City, MO 64110</i>		Date (month/day/year) <u>04/14/2010</u>

# Common section two variation

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

List A	OR	List B	AND
Document title: <u>Passport</u>	OR	_____	_____
Issuing authority: <u>Republic of China</u>		_____	_____
Document #: <u>G3126485</u>		_____	_____
Expiration Date (if any): <u>05-05-2011</u>		_____	_____
Document #: _____		_____	_____
Expiration Date (if any): _____	_____	_____	_____



**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 04/14/2010 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Kevin Sansberry</u>	Print Name <u>Kevin Sansberry</u>	Title <u>HR Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>UMKC 5100 ROCKHILL ROAD KANSAS CITY, MO 64110</u>		Date (month/day/year) <u>04/14/2010</u>

# I-9 Section Three

(Updating & Re-verification Section)

# Section Three

<b>Section 3. Updating and Reverification (To be completed and signed by employer.)</b>	
A. New Name (if applicable)  <i>New Name</i>	B. Date of Rehire (month/day/year) (if applicable)  <i>Date of Rehire</i>
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization. Document Title: <i>Permanant Resident Card</i> Document #: <i>155-547-858</i> Expiration Date (if any): <i>11-05-2019</i>	
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>Kevin Sansberry</i>	Date (month/day/year)  <i>04/14/2010</i>
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## Examples of form usage

- Update work authorization date
- Changing maiden name

No common errors as of 03/17/2010...

# Documentation Rules

( Very Important)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p>	<p>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</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>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</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>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</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. U.S. Military card or draft record</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
<p>8. Native American tribal document</p>	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>9. Driver's license issued by a Canadian government authority</p>	<p>9. Driver's license issued by a Canadian government authority</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>10. School record or report card</p>	<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>11. Clinic, doctor, or hospital record</p>	<p>10. School record or report card</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>12. Day-care or nursery school record</p>	<p>11. Clinic, doctor, or hospital record</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>12. Day-care or nursery school record</p>	<p>12. Day-care or nursery school record</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>

Form- I765

Note: We CANNOT require the employee's to bring a certain type of document to satisfy the I-9 requirement...

Does not mean E-verify document!

# Social Security Card



Ensure that there is a signature on the card before submitting it to Human Resources

# Why we ask for the social security card / receipt

- We do NOT ask for it to fulfill the I-9 requirement.  
According to the UMKC policy:

- **MO W-4**

Employee's Withholding Allowance Certificate (State) Missouri Department of Revenue

In order to complete the federal & state W-4 forms, individuals must have a U.S. Social Security Number (SSN), or evidence that they have made application for an SSN. A copy of the Social Security card or numbered receipt from the Social Security Administration must be attached to the W-4 forms. The Social Security Administration issues original and replacement Social Security cards. The Human Resource Services/Payroll office will not process the initial PAF until the individual has properly completed both federal and state W-4 forms and submitted them to the Payroll department with the attached copy of the Social Security card or numbered receipt from the Social Security Administration. Nonresident alien employees who are work-eligible, but who do not have a social security number and are unable to apply for one until a date specified by the local Social Security Office, are exempted from these requirements at the time of hire. Nonresident alien employees must promptly apply for a Social Security card and show it to the HR/Payroll Office on their campus immediately after its receipt. Nonresident employees may be hired, work, and be paid without a Social Security number as long as their authorization for employment is valid according to the I-9 information provided below.

# Expansion on this rule

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- The social security card or any other “C” document is only needed to satisfy the I-9 Requirement.
- The social security receipt can be accepted in place of the card only to meet the requirement of UM policy. (The receipt must include both the name and social security number).

# The Three day rule

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- This rule will be enforced very strictly.
  - For example, if an employee is hired (effective date) on April 15<sup>th</sup>, they will have until April 18<sup>th</sup> to satisfy the I-9 document.
    - Remember the social security receipt is NOT the card and will only satisfy the I-9 for 90 days from the effective date.

If this requirement is not satisfied (or extended 90 days by the “receipt rule” within three days of the effective date):

**Employee will not be authorized to work.**

# Rules from the Social Security Administration Handbook.

**Q. May I fire an employee who fails to produce the required documents within 3 business days?**

Yes. You may terminate an employee who fails to produce the required document or documents, or a receipt for a document, within three business days of the date employment begins. However, you must apply these practices uniformly to all employees.

**Q. When can employees present receipts for documents in lieu of actual documents establishing employment authorization?**

An individual may present a receipt in lieu of a document listed on Form I-9 to complete Section 2 of Form I-9. The receipt is valid for a temporary period. There are three different documents that qualify as receipts under the rule:

1. A receipt for a replacement document when the document has been lost, stolen, or damaged. The receipt is valid for 90 days, after which the individual must present the replacement document to complete Form I-9.

Note: UMKC will only accept receipts for social security cards.

For any reason you have an employee who cannot produce adequate documentation please contact HR.

Any Questions?

Thank You