

THE UNIVERSITY OF IOWA

I-9/E-VERIFY BEST PRACTICE GUIDE

OVERVIEW

The purpose of this guide is meant to assist the University of Iowa (UI) staff members in the completion when applicable of form I-9 and/or E-Verify with the employee. This resource pulls together information from UI I-9 FAQ's, Department of Homeland Security, University Human Resources, Equifax and from successful UI employees in the field whose responsibility is to complete I-9's on behalf of their unit, department and or division. Please continue to refer to the current resources available for help with I-9/E-Verify completion in addition to this guide.

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## **CHAPTER 1**

# **STANDARD OPERATING PROCEDURES EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)**

The University of Iowa utilizes I-9 Management through Equifax Workforce Solutions, also known as TALX Corporation. This is the online system that the University of Iowa began using on 4/1/2010. Paper forms are generally no longer accepted unless there are special circumstances as documented below.

The University of Iowa (referred to as “UI”) strives to comply with the federal Immigration Reform and Control Act (IRCA) of 1986 which governs how employers verify an employee’s work authorization status in the United States. To that end, this document details how 1) UI human resources staff are authorized to use Equifax I-9 Management to complete I-9s, 2) time frames for I-9 completion, 3) how the UI monitors compliance, and 4) situations when the UI accepts paper I-9 forms. Also discussed are UI E-Verify procedures and I-9 records retention.

### **1. AUTHORIZING HR STAFF to use I-9 Management**

Senior Human Resource representatives identify staff members within their respective college(s) to be authorized to process I-9s. Users are formally authorized when they are added to the TALX Access Manager table through Employee Self Service/Administration.



Users are assigned to either **HR\_Subdept**, **HR\_Dept**, **HR\_Org**, or **HR\_Manager** access. Categories are listed in increasing levels of security access:

**HR\_Subdept** – can complete I-9s for specific sub-departments

**HR\_Dept** – can complete I-9s for specific departments (all subdepts included) and assign user access at the subdept level

**HR\_Org** – can complete I-9s for specific orgs (all depts/subdepts included) and assign user access at the dept/subdept level

**HR\_Manager** – can assign I-9 access at the org level and assign user access at the org, dept, and subdept levels.

### **2. TIME FRAME FOR I-9 COMPLETION**

Section 1 of the I-9 is required to be completed on the first day of employment. Section 2 is required to be completed by the third working day for pay. For example, if employment begins on Monday then Section 1 should be completed on Monday and Section 2 should be completed by Thursday of the same week. The hiring department is responsible for the timely completion of the I-9 form.

### 3. HR REPORTS/COMPLIANCE MEASURES

The UI has created a special category within HR reports called I-9 Management Reports (shown below) to assist with I-9 compliance. The reports are located within Employee Self Service/Administration tab:

You are here: [Administration](#) » [Reports](#) » [I-9 Management Reports](#)

## I-9 Management Reports

Reports that show employee I-9 and E-Verify status.

### E-Verify Date by Employee

View E-Verify date by Employee. Date only appears for employees who have been E-Verified based on federal requirements.

### E-Verify Edit Report

Review information about employees requiring verification using e-Verify on I-9 Express

### I-9 Date by Employee

Returns the I-9 date on file for an employee.

### I-9 Edit Report

List of employees who require new I-9 Employment Eligibility Verification Forms.

The UI sends weekly e-mails to Senior HR representatives listing employees in their Org(s) who have not completed I-9s in the required timeframe. Additional e-mails are sent to the employee and employee supervisor on the staff member's second and fourth day of employment. The e-mails on the second day are sent to the employee, the supervisor and the HR Rep. The email sent on the fourth day is sent to the employee, the supervisor, the HR Rep and the Senior HR Rep.

### 4. PAPER FORMS

**There are two situations where the UI accepts paper I-9s, 1) when an H-1B employee is changing employers (AC-21) and 2) remote hires.**

- a. **AC-21** - H-1B employees changing employers (porting) Under the American Competitiveness Act in the Twenty First Century (AC-21), an H-1B employee who is changing employers within the H-1B program may begin working for the UI as soon as a Form I-129 petition is filed on his or her behalf. Employing departments must complete a new Form I-9 for this newly hired employee. An H-1B employee's Form I-94/Form I-94A issued for employment with the previous employer, along with his or her foreign passport, would qualify as a List A document. Form I-9 completers should write "AC-21" and enter the date Form I-129 was submitted to USCIS in the margin of Form I-9 next to Section 2.
- b. **REMOTE EMPLOYEES** - If an employee is a remote hire, i.e., not working on campus, then the hiring department must find someone close to the employee to complete the I-9. These I-9s are completed on paper and then sent (along with a department memo authorizing the completer to complete the I-9 on behalf of the UI) to the UI Payroll office. Payroll staff input the I-9 into the I-9 Management system. The paper I-9 is then imaged for long term retention.

## **E-VERIFY**

The UI has federal contracts that require (by the FAR clause) those working on the contract to be E-Verified. Department HR representatives send I-9s to E-Verify by using a specific E-Verify department location within I-9 Management. Section 1 of the I-9 is required to be completed on the first day of employment. Section 2 is required to be completed by the third working day for pay. For example, if employment begins on Monday then Section 1 should be completed on Monday and Section 2 should be completed by Thursday of the same week. The hiring department is responsible for the timely completion of the I-9 form and E-verification.

## **RECORD RETENTION**

In addition to I-9 Management, the UI also used Equifax's The Work Number for employment verifications. These two systems enable TALX to monitor record retention for I-9s per federal guidelines (one year after termination or three years after hire, whichever is longer). Paper I-9s are monitored by payroll staff within the document imaging system. I-9s outside the retention requirements are deleted.

## **CHAPTER 2**

### **EQUIFAX AND I-9 eXpress**

#### **EQUIFAX WORKFORCE SOLUTIONS (EQUIFAX CORPORTATION)**

Effective April 1, 2010, the University of Iowa began using EQUIFAX Workforce Solutions online Employment Eligibility Verification I-9 Management tool/product, known as I-9 eXpress. This application is primarily used to complete and maintain online (I-9) forms for new hires. It is also used to reverify (Section 3) employment eligibility for rehired employees and to update employment eligibility dates for UI nonimmigrant employees.

#### **I-9 eXpress**

The University of Iowa uses the I-9 eXpress online application to complete and submit Form I-9, and submit to E-Verify when required. **Paper copies of form I-9 are not accepted except as outlined in Chapter 1 of this guide.**

To access the I-9 eXpress system go to UI Home Page, choose Self Service and then select the External Links tab which will give you the link to go directly into the I-9 eXpress software application. Instructions within the I-9 eXpress application will guide you through the I-9 completion process.

**Please Note: Federal regulations require that an employee not work past three days until and unless a completed I-9 form is on file.**

Failure to properly complete, retain, and/or make available for inspection I-9 forms as required by law, may result in civil monetary penalties in an amount of not less than \$110 and not more than \$1,100 for each violation (per person/per day). Criminal penalties apply to persons or entities convicted of a pattern or practice of knowingly hiring unauthorized aliens.

***The online I-9 process consists of two main steps:***

**Step 1 - Login** to I-9 eXpress and complete the employee's I-9 in their presence.

**Employer Code** – 13072

**University ID** – 8-digit number on your University ID card (not the user's SSN)

**PIN** default-last 4 digits of SSN+year of birth (YYYY). Users will be asked to complete a one-time enhanced security enrollment and to change your PIN after logging in. The user's new PIN must be between 4-16 numbers. The user will use their PIN to maneuver throughout I-9 eXpress.

**Resetting passwords** – use either the "My Account" link on the main menu or the "Forgot your PIN?" link on the Login screen. Resetting the PIN affects both the I-9 eXpress and The Work Number applications.

**Step 2** – Resolve issues noted in the HR Reports under the Administration function on Employee Self Service.

**IMPORTANT TIP** – Please refer to a more complete listing of FAQ's located on the University of Iowa Website under the Faculty and Staff Immigration Services webpage. Additionally detailed instructions on completing an I-9 are available in the 'HELP' Section of I-9 eXpress. Reports can be found on the UI Employee Self Service web portal within the Administration Tab and Human Resources Reports.

## **CHAPTER 3**

### **FORM I-9, SECTIONS 1, 2 AND 3**

#### **FORM I-9 SECTION 1:**

To complete form I-9 with the employee, both the HR staff member and the employee must be physically present (if remote employee we will discuss I-9 process in detail in CHAPTER 5\*). Section 1 the employee must complete. The staff member should review the required fields checking alongside with the employee for any accidental misspellings or birth date errors. Please note for the I-9 the social security number is NOT a required field that must be completed UNLESS the form is being completed in relation to E-Verify (FAR E-Verify Clause). If completed for E-Verify the Social Security number is a required field. Detailed information on this requirement is discussed in CHAPTER 13\*.

#### **FORM I-9 SECTION 2:**

The HR staff member fills out Section 2 based off of the correct original document(s) the employee provides for employment eligibility. The attached list comes directly from the Department of Homeland Security – United States Citizenship & Immigration Services (USCIS) who oversee form I-9. The employer should provide prior to meeting to complete the I-9 form the list of acceptable documents. If the employee or the HR staff member are unsure on a certain type of document name or its use, it is important to contact Faculty and Staff Immigration Services and/or Payroll within University Human Resources. HR staff members are available 8-5 to assist with any I-9 question. More information on who to contact and specific contact information can be found in CHAPTER 12\*.

#### **FORM I-9 CHAPTER 3:**

Section 3 of form I-9 can be used for a variety of reasons. The most common being reverification of work authorization dates for UI nonimmigrant employees working with approval from USCIS. It is important to remember that any time an employee (student, staff, faculty, temporary) has a change in work authorization dates or type, Section 3 of the I-9 form MUST be completed. Student employees who are in F1 or J1 status who extend their status through the office of International Students and Scholar Services (ISSS) must have their I-9 updated once the extension is granted. It is critical to alert the foreign national employee that if any change in their immigration status occurs to immediately tell the HR staff person in their department. The employee is the key to compliance – they must remember to share any information with the HR staff member to ensure their work eligibility compliance is maintained. Additional reasons to use Section 3 include rehiring an employee within 3 years of the original hire date at the University of Iowa or 1 year from the date of termination – which ever is longest. These two topics along with name changes are discussed in more detail in CHAPTER 4\*.

## 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.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>AND</b><br><b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |           | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |



## **CHAPTER 4**

### **REVERIFICATION, REHIRE AND NAME CHANGE**

<https://www.uscis.gov/i-9-central/complete-correct-form-i-9/completing-section-3-reverification-and-rehires>

The above link is from [www.uscis.gov](https://www.uscis.gov) and the URL address provides basic information regarding Reverification, Rehire and Name Changes with Form I-9. Please note this information is based on using a paper Form I-9 and not an online I-9 Management system like I-9 Express. This web page outlines general information.

It is important to remember not to reverify:

- ✓ U.S. Citizens
- ✓ Lawful Permanent Residents (LPR's) who presented a Permanent Resident Card (Form I-551) for Section 2
- ✓ List B Documents

#### **REVERIFICATION**

Reverification should be done if the UI nonimmigrant employee's work authorization expires and is extended or if the immigration status changes.

It is important to remind the UI nonimmigrant employee approximately 90 days in advance of the current expiration date of their valid work authorization status, to provide updated documentation for either List A or List B or List C. The Form I-9 Section 3 Reverification can be done immediately upon the UI nonimmigrant employee providing the newly updated information.

#### **REHIRE**

If a former UI employee is rehired within three years of the date that a previous Form I-9 was completed, the HR staff member may complete a new Form I-9 for the employee or complete Section 3 of the previously completed Form I-9.

**To complete Section 3 for rehires:**

- Confirm that the original Form I-9 relates to the UI employee being rehired. Please contact University of Iowa Faculty & Staff Immigration Services office or the Payroll office for assistance if the UI employee previously worked in a different area and the HR staff person cannot view the current I-9 on file. Staff from these two University Human Resources offices are able to assist with this immediately to help complete this compliance requirement.
- Review the original Form I-9 to determine if your employee is still authorized to work, including whether employment authorization documentation presented in Section 2 (List A or List C) has since expired. Review the guidelines to determine if reverification applies.
- If the UI rehire employee is still authorized to work and his or her employment authorization documentation is still valid, enter the date of the rehire in the space provided in Section 3.
- If the UI rehire employee is no longer authorized to work or their employment authorization documentation has since expired and requires reverification, request that the employee present an



unexpired List A or List C document. Do not reverify an employee's List B (identity) document. Enter the document information and the date of rehire in the spaces provided in Section 3.

- If the current version of Form I-9 is different from the previously completed Form I-9, you must complete Form i-9 in the I-9 eXpress system.
- Electronically Sign Section 3 and submit.

## REHIRE PROCESS OVERVIEW

What follows is an easy Step by Step Check List for a Rehire I-9 .

1. Find the I-9 Date. You can look up an employee's I-9 date in the HR Data Access Administrative Reports: HR Reports/Employee Information/I-9 Date by Employee



The screenshot shows the 'HR Data Access' interface for 'The University of Iowa'. The breadcrumb trail is 'You are here: Administration » Reports » Employee Information » I-9 Date by Employee'. The main heading is 'I-9 Date by Employee' with a subtext 'Returns the I-9 date on file for an employee.' Below this is a 'SELECT CRITERIA' section with input fields for 'EMPLID:', 'UNIVERSITY ID:', 'LAST NAME:', and 'FIRST NAME:'.

From the search results, look for the I-9 date on file for an employee. If the date is greater than 3 years from the actual begin date of the new “Rehire” appointment, you must complete a new I-9 form. Contact your employee to set up a time for completing a new I-9 with you. Remember to send them a copy of the List of Acceptable Documents in advance.

2. OR, you may go to the I-9 eXpress System to look for the I-9 Date. From the Main Menu, choose the “Search For Employee” option (see figure A). Complete the Search Criteria fields and click on the “Search” button (see figure B)

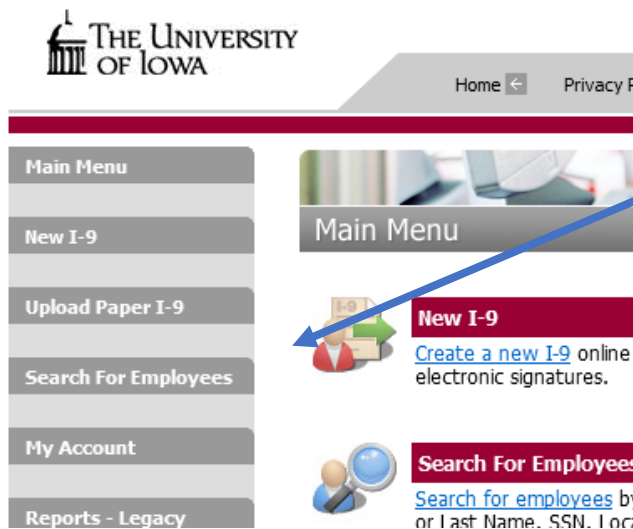


Figure A

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### Search For Employees

Select one or more search criteria below to search for employees.

First Name: Last Name: SSN: Type of I-9: (All)

Group: (All)

Location: (All)

Date Range: (mm/dd/yyyy)

04/01/2010 Start Date End Date

Include:

☒ Active Employees ☐ Terminated Employees

☐ Current Location Only

Search

Figure B

- You may find that your employee cannot be located in the I-9 eXpress System.

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### Search For Employees

No results matched your Search Criteria. Please refine your Search and try again.

This is most likely because they completed a paper I-9 form with the University of Iowa prior to 4/1/2010. These paper forms are not available for update and you will need to complete a new I-9 form with your employee. Contact your employee to set up a time for completing a new I-9 with you. Remember to send them a copy of the List of Acceptable Documents in advance.

- From the search results, look for the "Employment Start Date" field. For our purposes, the "Employment Start Date" means the same thing as I-9 completion date. If the date is greater than 3 years from the actual begin date of the new "Rehire" appointment, you must complete a new I-9 form. Contact your employee to set up a time for completing a new I-9 form with you. Remember to send them a copy of the List of Acceptable Documents in advance.
- If the original date of completion is less than 3 years from the actual begin date of the "Rehire" appointment, you must review the original I-9 form information to determine if you will be able to rely on the I-9 already completed. Click on the "Name" link to open the Employee Detail screen.
- Scroll to the bottom of the Employee Detail screen and look for "I-9 History". To review, click on the Original I-9 link. The I-9 form will open as a PDF in a new window.

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### I-9 History

| Hire/Entry | Type (click to view)         |
|------------|------------------------------|
| 10/28/2014 | <a href="#">Original I-9</a> |

7. If the status in Section 1 is unchanged, AND the List A (or List B and List C) documents used in Section 2 are unexpired, you do not need to complete a new form I-9.
8. **IMPORTANT!** *If you intend to rely on the original I-9 form, you must add a Rehire Date!*  
Return to the Employee Detail screen and click on the “Section 3” button.
9. Add today’s date in the rehire field and continue.
10. You will be prompted to review the information and sign by entering your PIN.

#### Employer Review

Please review the following information as it was entered. You can make changes to the information by clicking on the link below the information.

After verifying that the information is correct, complete the signature block at the bottom of the page.

\*\*\*\*\*

#### Employer Electronic Signature [\(English | Español\)](#)

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. I also attest that I have confirmed that the name on the Form I-94 or Form I-94A, if either was presented, bears the same name as the employee's foreign passport.

☒ I have read and agree with the certification statement above.

Enter PIN:

[Back](#)

[Cancel](#)

[Continue](#)

#### IMPORTANT REMINDERS:

The Transaction System forms used to move your “Rehire” employee back into a paid position will display a message that is designed to help remind you to review the I-9 status at the point of “Rehire”. The message should read:

***“Please review I-9 status for this person. You may need to complete a new Form I-9”***

If you have ANY questions or concerns, please send an email to [electronic-i9@uiowa.edu](mailto:electronic-i9@uiowa.edu), or contact Laura Prince, Denise Fuller or Marianne Stratton

#### **NAME CHANGES (E-VERIFY)**

You are not required to update Form I-9 when your employee has a legal change of name UNLESS the employee also went through E-Verify. E-Verify regulations require that employees present documentation to show that they have changed their name.

## **CHAPTER 5**

### **REMOTE UNIVERSITY OF IOWA EMPLOYEE HIRES**

Many UI Departments today are hiring employees to work remotely. Many of these employees never set foot on the University of Iowa campus in Iowa City. However as the employer we are still required to correctly complete form I-9 for all employees including those that are remote.

UI employees working remotely require additional assistance when completing the Form I-9. They still must complete the form within 3 days of hire however the process differs because the form cannot be completed within I-9 eXpress system, it must be done on a paper form with a UI Agent and the original hand written Form I-9 then sent to University Human Resources Payroll by the UI Agent.

Please contact Faculty and Staff Immigration Services (FSIS - 319-335-5316) or Payroll 319-335-2381 with any questions regarding remote University of Iowa hires. It is important to understand that just because the person works remotely may not mean they must complete the I-9 on paper with an Agent. If the new hire would ever come to campus upon hire or for initial training it may be possible at that time to complete the I-9 within I-9 eXpress within the first 3 days of hire. Additionally those individuals who reside within the State of Iowa may be close enough that a paper I-9 is not appropriate. Examples include an employee who works from home or at a site location in Des Moines, Ottumwa, the Quad Cities or Marion, Iowa. These individuals would be required to make a trip to Iowa City to complete the form I-9 with their hiring department. Those employees living more than 2 hours away from Iowa City could complete an Agent I-9 form.

The following pages summarize the process and procedure of how to complete an Agent I-9 remotely. Please contact FSIS and/or Payroll with any questions.

## Remote Employee I-9 Form Completion Using a Designated Agent (Representative)

The Department of Homeland Security (USCIS) requires all employers to complete form I-9 for all employees within three (3) days from the date of hire. Both employees and employers (and/or authorized representatives of the employer) must complete the form together.

The University of Iowa recognizes that some of their employees may not work on campus in Iowa City or the state of Iowa, but work at an alternate location within the U.S. If the employee is working from outside of the U.S. no I-9 should be completed until the employee enters the U.S. If the employee does not come to the U.S. for work then no I-9 at any time is to be completed (current I-9 regulations).

If the employee is working in the U.S. but not able to come to the hiring unit to complete the I-9, the I-9 form is still required to ensure lawful employment is maintained by the University of Iowa under current U.S. employment and immigration regulations. The form must be completed by the remote employee and a designated 'Agent' (representative).

The 'Agent' can be any person that the employee might know at the location in which they work or a person that the hiring unit locally arranges. If the hiring unit and the remote employee are not able to arrange an individual to be the agent and complete the I-9 please refer to the handout that specifically deals with obtaining a Notary Public to complete form I-9.

The following process is what a hiring unit should follow to complete the 'Agent I-9' (while keeping in mind the compliance deadline of three (3) days from the date of hire the I-9 must be met).

1. Provide employee with the List of Acceptable Documents and supporting 'Agent I-9' instructions and documents which includes:
  - a. Form I-9 (blank)
  - b. The University of Iowa's instructions to the Agent (representative), which includes the remote hire notice form.
  - c. Envelope with prepaid postage for remote hire to return the completed I-9.
2. Employee must complete Section 1 of the I-9 form no later than the close of business on his/her first day of work.
3. Employee must take all of the above forms along with his/her original identity/employment eligibility documents (page 3 of Form I-9) to the designated Agent (representative).
4. Employee provides identity/employment eligibility documents to the Agent.
5. Agent reviews/inspects document(s) and completes Section 2 of the I-9 form.
6. Agent must complete Section 2 within three (3) days from the date of hire of the remote employee.
7. The UI Agent must mail the I-9 form that has been completed along with the remote hire notice form to the hiring unit (instructions listed on notice).

## Remote Employee I-9 Form Completion Using a Designated Agent (Notary)

The Department of Homeland Security (USCIS) requires all employers to complete form I-9 for all employees within three (3) days from the date of hire. Both employees and employers (and/or authorized representatives of the employer) must complete the form together.

The University of Iowa recognizes that some of their employees may not work on campus in Iowa City or the state of Iowa, but work at an alternate location within the U.S. If the employee is working from outside of the U.S. no I-9 should be completed until the employee enters the U.S. If the employee does not come to the U.S. for work then no I-9 at any time is to be completed (current I-9 regulations).

If the employee is working in the U.S. but not able to come to the hiring unit to complete the I-9, the I-9 form is still required to ensure lawful employment is maintained by the University of Iowa under current U.S. employment and immigration regulations. The form must be completed by the remote employee and a designated 'Agent'.

The 'Agent' can be any person that the employee might know at the location in which they work however many times the employee does not know anyone that is able to complete the form. The situation calls for the employee to enlist the services of a Notary Public. Notaries can be found at Financial Banking Institutions. There will be a fee for the Notary to review and complete the form. Hiring units should have a policy on whether to reimburse this fee to the employee or not. Consistency is important when reimbursing employees.

The following process is what a hiring unit should follow to complete the 'Agent I-9' through a Notary (while keeping in mind the compliance deadline of three (3) days from the date of hire the I-9 must be met).

8. Provide employee with form I-9 and supporting 'Agent I-9' instructions and documents which includes:
  - a. Form I-9 (blank)
  - b. Notary Form (blank)
  - c. The University of Iowa's instructions to the Notary, which includes the remote hire notice form.
  - d. Envelope with prepaid postage for remote hire to return the completed I-9.
9. Employee must complete Section 1 of the I-9 form no later than the close of business on his/her first day of work.
10. Employee must take all of the above forms along with his/her original identity/employment eligibility documents (page 3 of Form I-9) to a Notary Public.
11. Employee provides identity/employment eligibility documents to the Notary.
12. Notary reviews/inspects document(s) and completes Section 2 of the I-9 form.
13. Notary Public completes the Notary form and affixes their notary seal on completed form.
14. Employee pays the Notary Public's fee for the services provided. The fee on average is between \$15 - \$25. Employee should keep receipt if hiring unit has reimbursement policy.
15. Notary must complete Section 2 and Notary form within three (3) days from the date of hire of the remote employee.
16. UI Agent must mail the I-9 form that has been completed along with the Notary form to the hiring unit.

## Remote Hire I-9 Form Instructions for Designated Agent

### Form I-9 Compliance:

The University of Iowa is requesting you to be our 'Agent' or Representative to review U.S. employment eligibility documents for our new remote employee. The Department of Homeland Security (USCIS) requires every employer in the U.S. to verify each employee's work authorization documents to ensure employment eligibility in the workplace. The University of Iowa needs your assistance to examine the remote employee's documentation and sign the attached I-9 form confirming such.

Please find attached form I-9, the Agent Authorization Confirmation Form and (if being completed by a Notary Public) the Designated Agent – Notary Public form. We ask that you verify the employee has completed Section one of the I-9 form prior to you completing Section two of the same form. The remote employee may provide employment eligibility documents as listed on the 'List of Acceptable Documents' page three of the I-9 instructions.

### The employee can present one or more of the following combinations:

- Any ONE document from List A
- TWO total documents, one from List B and one from List C

Please complete Section two – Employer Review Verification. Please view only original documents. Faxes, scanned copies, laminated social security cards and photocopies are unacceptable documents and cannot be used in any combination to complete the I-9 form.

### The Certification section of the I-9 (below Section two) additionally must be completed as follows:

1. Enter the remote employee's date of hire (listed on Agent Authorization Confirmation Form)
2. Sign the Authorized Representative (Employer's Agent) section.
3. Date the I-9 the day you review the employee's employment eligibility documents and complete the form.
4. If you are a Notary Agent please additionally complete the attached notary form and place your notarial seal at the bottom of the form where indicated.

If you have questions please contact the hiring unit contact name listed on the Agent Authorization Confirmation Form.

Please provide all completed and signed forms to the remote employee. He/She is responsible for sending them to the designated hiring unit contact. THANK YOU!!!



## **Agent Authorization Confirmation Form**

**\*\* (Give this Form First to Agent PRIOR to Form I-9 being completed) \*\***

### **Hiring Unit Information:**

Hiring Unit Name: \_\_\_\_\_

Hiring Unit Contact Name: \_\_\_\_\_

Hiring Unit Contact Job Title: \_\_\_\_\_

Hiring Unit Contact Phone Number: \_\_\_\_\_

**Hiring Unit Contact Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Remote Employee Information:**

Remote Employee Name: \_\_\_\_\_

Remote Employee Date of Birth: \_\_\_\_\_

Remote Employee Date of Hire: \_\_\_\_\_

**\*(Please note Date of Hire must be entered into the certification section of the completed I-9 by the authorized Agent)**

### **Agent (Representative) Information:**

Agent Name: \_\_\_\_\_

Agent Organization: \_\_\_\_\_

Agent Address: \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_

The University of Iowa, specifically the (hiring unit name) \_\_\_\_\_ authorizes the above Agent to act as our Representative for purposes of completing the I-9 form for our employee named in Section one of the said form. The University of Iowa authorizes the above representative (Agent) to sign in Section two as (on behalf of) the employer once they have reviewed and confirmed the correct documentation that verifies the remote employee's employment eligibility.

**\*PLEASE RETURN THIS FORM WITH THE COMPLETED I-9 AND SUPPORTING DOCUMENTS.**

## Designated Agent – Notary Public

Date: \_\_\_\_\_

I attest that I am a Notary Public commissioned by the State of \_\_\_\_\_ which expires \_\_\_\_\_.

Before me has appeared in person, the individual with the name of:

\_\_\_\_\_

And address of:

\_\_\_\_\_

And birthdate of:

\_\_\_\_\_

As required by the Immigration and Control Act (IRCA) of 1986, I further attest that:

- i. The person named above has filled out Section 1 of the attached I-9 form;
- ii. I have examined the original documents presented to me;
- iii. I have completed Section 2 of the I-9 form;
- iv. The attached copy of document(s) presented to me appear to be genuine and relate to the person presenting them, and;
- v. I have signed and dated the attestation in Section 2.

### NOTARY PUBLIC

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Affix Seal Here:**

## **CHAPTER 6**

### **H1B PORTABILITY (AC21) – H1B TRANSFERS TO THE UNIVERSITY OF IOWA**

The University of Iowa recognizes new hires from around parts of the globe. Many of these employees come to work here in the status of H1B from a prior employer while holding the same status. A few of these new hires end employment at one employer in valid H1B status and start at the University of Iowa the following day in valid H1B status – this is called H1B Portability (or transfer). These types of I-9's can be challenging and staff are encouraged to contact Laura Prince in University Human Resources Faculty & Staff Immigration Services for assistance with completing form I-9 in this type of situation.

Under the American Competitiveness Act in the Twenty-First Century (AC21) an H1B employee who is changing employers within the H1B Program may begin working for the new employer as soon as the new employer (University of Iowa) files the H1B I-129 Petition on the new hire's behalf with USCIS. To qualify for AC21 benefits, the new petition must not be frivolous and must have been filed prior to the expiration of the individual's period of authorized stay. The staff member must complete form I-9 for the newly hired employee. An H1B I-94 issued with the previous employer, along with his or her valid foreign passport qualifies as a List A document. The staff member must write "AC21" and enter the date form I-129 (H1B) was submitted. If the receipt has been issued it is additionally important to attach this to the I-9.

This type of I-9, where the end date of the previous H1B for the old employer has expired and the University of Iowa has filed prior to that date with a new start date the following day after (example – the employee finishes working at the old employer on June 30, 2016 and starts work for the University of Iowa on July 1, 2016) **MUST BE COMPLETED USING A PAPER I-9 FORM – IT CANNOT BE COMPLETED IN I-9 eXpress.** Once the staff has completed form I-9 they must then send the completed form to Payroll in the University Services Building. Payroll works with Equifax to record the paper copy into the system.

More information regarding AC21 Portability I-9's can be found in the I-9 Handbook for Employers (M-274) on the USCIS website ([www.uscis.gov](http://www.uscis.gov)). Attached is an example of a correct I-9 under AC-21.

# AC21 I-9 Form Example



## 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)<br><u>Estes</u>                     |                                                   | First Name (Given Name)<br><u>Kristi</u> |                                              | Middle Initial<br><u>C</u>      | Other Names Used (if any) |                          |
| Address (Street Number and Name)<br><u>6789 View Circle</u> |                                                   |                                          | Apt. Number                                  | City or Town<br><u>Ferndale</u> | State<br><u>IA</u>        | Zip Code<br><u>52345</u> |
| Date of Birth (mm/dd/yyyy)<br><u>12/18/1975</u>             | U.S. Social Security Number<br><u>123-45-6789</u> |                                          | E-mail Address<br><u>KCEstes@notreal.com</u> |                                 | 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) AC21. 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: 70437525720

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

Foreign Passport Number: A02819

Country of Issuance: Iceland

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

|                                            |                                    |
|--------------------------------------------|------------------------------------|
| Signature of Employee: <u>Kristi Estes</u> | Date (mm/dd/yyyy): <u>7/1/2016</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: |  | Date (mm/dd/yyyy):      |                    |
| Last Name (Family Name)              |  | First Name (Given Name) |                    |
| Address (Street Number and Name)     |  | City or Town            | State<br><u>IA</u> |
|                                      |  |                         | Zip Code           |



Employer Completes Next Page



# AC21 I-9 Form Example Page 2

AC21 Filing Date 5/11/2016

## 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<br>Identity and Employment Authorization        | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization    |
|--------------------------------------------------------|----|---------------------------------------|-----|---------------------------------------|
| Document Title: <u>Passport</u>                        |    | Document Title:                       |     | Document Title:                       |
| Issuing Authority: <u>Iceland</u>                      |    | Issuing Authority:                    |     | Issuing Authority:                    |
| Document Number: <u>A20819</u>                         |    | Document Number:                      |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy): <u>2/28/2019</u> |    | Expiration Date (if any)(mm/dd/yyyy): |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title: <u>I-94</u>                            |    |                                       |     |                                       |
| Issuing Authority: <u>DHS/CBP</u>                      |    |                                       |     |                                       |
| Document Number: <u>70437525720</u>                    |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy): <u>6/30/2016</u> |    |                                       |     |                                       |
| 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): 7/1/2016 (See instructions for exemptions.)

|                                                                                                             |  |                                         |                                                                                   |                          |
|-------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|-----------------------------------------------------------------------------------|--------------------------|
| Signature of Employer or Authorized Representative *<br><u>Laura Prince</u>                                 |  | Date (mm/dd/yyyy)<br><u>7/1/2016</u>    | Title of Employer or Authorized Representative<br><u>Senior Immigration Spec.</u> |                          |
| Last Name (Family Name)<br><u>Prince</u>                                                                    |  | First Name (Given Name)<br><u>Laura</u> | Employer's Business or Organization Name<br><u>The University of Iowa</u>         |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><u>1 W. Prentiss St, 121-20 USB</u> |  | City or Town<br><u>Iowa City</u>        | State<br><u>IA</u>                                                                | Zip Code<br><u>52242</u> |

## 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: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|-----------------|------------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|-----------------------------------------------------|--------------------|------------------------------------------------------|

## **CHAPTER 7**

### **HR REPORTS – WHAT TO RUN/WHEN TO RUN/ TRANSACTIONS SYSTEM MESSAGES**

#### **1. What to Run? When to Run?**

The Standard Report Frequency Recommendations list in an excellent resource for the recommended periodic review of many key Human Resources reports at the unit/department level.

It is found on the Employee Self Service website under the Administration Tab/HR Inquiry. Recommendations are for the minimum suggested guidelines, and you may need to review more often. Review your I-9 reports every week and follow up on all results.

#### **BIWEEKLY - TO BE REVIEWED EVERY OTHER WEEK:**

- [Non U.S. Citizenship Status](#)

#### **WEEKLY - TO BE REVIEWED ON A WEEKLY BASIS:**

- [I-9 Edit Report](#)
- [E-Verify Edit Report](#)

#### **2. In addition, you will find a separate Report Category in the list of Available Reports at: *Employee Self Service/Administration/HR Data Access/HR Reports***

If you need any assistance with this new report category please contact your HR Unit Representative or send an e-mail to: [electronic-i9@uiowa.edu](mailto:electronic-i9@uiowa.edu)

#### **I-9 Management Reports**

Reports that show employee I-9 and E-Verify status. This new category was designed to pull together existing resources used to determine Employment Eligibility status and compliance. The report category includes:

##### **I-9 Edit Report**

List of employees who require a new I-9 Employment Eligibility Verification form

##### **I-9 Date by Employee**

View I-9 date on file for an employee.

##### **E-Verify Edit Report**

Review information about employees requiring verification using e-Verify on I-9 Express

##### **E-Verify Date by Employee**

View E-Verify date on file for an employee. A date only appears for employees who have been E-Verified based on federal requirements.

#### **3. Transaction System I-9 Messages:**

To assist in determining I-9 status, I-9 Messages have been included within each HR Transaction System form for an Appointment, Transfer, or Change of Status that may have an impact on the I-9 Employment Eligibility Verification process. I-9 Messages in the Transaction System are designed to compare I-9 information, if any, currently on file at the University of Iowa with the new transaction activity to help determine I-9 compliance.



## CHAPTER 8

# UI ONBOARDING PROCESS

The UI Onboarding process supports the hire of the new (or rehired) UI employee. Completing Form I-9 assists the HR staff member and the UI employee towards completion of the onboarding process.

[Home](#) [Benefits](#) [Careers](#) [Pay](#) [Policies](#) [Contact HR](#)

**Onboarding.UI**  
Resources  
Orientation  
Periodic Updates

## Onboarding

### What is Onboarding?

Our process to welcome and support employees during their transition to a new position within the University of Iowa.

### Our goals

- Welcome you and support your decision to join the University of Iowa in achieving its mission of education, research and creative work, outreach and health care.
- Provide you with basic pre-employment knowledge of University processes and assist with information about any specific transition needs you may have.
- Guide your orientation and development at key times during your first year of employment.

### Let's Get Started

#### Welcome, Employment Basics, and Transition Needs

All new employees, both faculty and staff, can benefit by reviewing [this presentation](#) that provides valuable information on:


- Completing the hiring process
- Information to know for a great first day
- University resources including benefits to assist in your transition
- Key links for things to do, places to go and people to see
- A video that demonstrates Iowa as a premier university and Iowa City as a top 25 place to live

Other valuable information you may wish to view include the relevant resources listed on the left of this page.

**Onboarding**  
**Email**  
[hr-new2ui@uiowa.edu](mailto:hr-new2ui@uiowa.edu)  
**Campus address**  
121 USB  
**U.S. mailing address**  
The University of Iowa  
Onboarding, Human Resources  
121 West Prentiss Street, STE 10  
Iowa City, IA 52242-1911  
[Staff Directory](#)  
**Phone**  
319-335-0056  
**FAX**  
319-353-2384

**Onboarding16** 1/04/02/13:00

**ATTACHMENTS**



James Schafer  
Training and Communication Specialist

Email

Outline Thumbnails Notes Search

- 1. Introduction
- 2. Welcome from Kevin Ward
- 3. Information Exchange
- 4. A little information please
- 5. More information please
- 6. First Day
- 7. First Day - Information Finder
- 8. Tell everyone your good news!
- 9. You're Valued!
- 10. How can we Help?
- 11. Campus & Community Information
- 12. New Employee Interest Guide
- 13. Retention
- 14. Career Resources
- 15. Transforming Lives!

## 5 Online Forms You Must Complete

There are a few more online forms you will need to complete shortly after starting work. Being prepared to complete them will ease your transition.

- Tax forms: W-4 Federal and State forms are here:  
<http://hr.uiowa.edu/payroll/forms>
- Authorization to work in the US: Online I-9

Info you will need about documentation may be found at  
[http://hr.uiowa.edu/files/hr.uiowa.edu/files/acceptable\\_docs.pdf](http://hr.uiowa.edu/files/hr.uiowa.edu/files/acceptable_docs.pdf)

- Direct Deposit: The UI requires direct deposit service to your bank account for paychecks and other reimbursements.

Info you will need may be found at  
<http://hr.uiowa.edu/files/hr.uiowa.edu/files/ddfpbt.pdf>

articulate

SLIDE 6 OF 15 PAUSED 00:20 / 00:33



## **CHAPTER 9**

### **I-9's AND APPOINTING FOREIGN NATIONALS IN THE UI WORKFLOW SYSTEM**

When appointing foreign nationals it is recommended to view original documents. There are times when it is not possible to look at original documents. In those circumstances viewing the documents via fax or a scan through email is acceptable.

However if the foreign national employee is able to provide original documents for their appointment it is recommended at that time to ask them to also complete their I-9 in I-9 eXpress.

#### **Common Foreign National I-9 Examples & Document Requirements**

- **J1:** DS-2019 (notation to work in your department), Valid Passport and current I-94 card with J1 notation
- **J2:** Valid EAD (employment authorization document) card
- **F1:** I-20, Valid Passport and current I-94 card with F1 notation (can only work 20 hours on campus during semester/40 hours during breaks)
- **F1 CPT:** Endorsed I-20 confirming employment with UI Department for set period, Valid Passport and current I-94 card with F1 notation
- **F1 OPT:** Valid EAD (employment authorization document) card
- **F1 OPT STEM (E-Verify) Extension:** Receipt Notice confirming EAD card extension has been filed (I-765). This receipt is valid for 180 days and then the EAD card must be in hand or the employee is required to go onto a leave until the card arrives.
- **F2:** NONE – has no work authorization of any kind.
- **H1B:** Valid Passport and current I-94 with H1B notation
- **H4:** \*\*\*\*This status in some instances does allow for work authorization\*\*\*\*\* Employee must present Valid EAD (employment authorization document) card. The appointment requires the EAD card be attached to it when submitted into Workflow.
- **TN:** Valid Passport with current I-94 TN notation University of Iowa

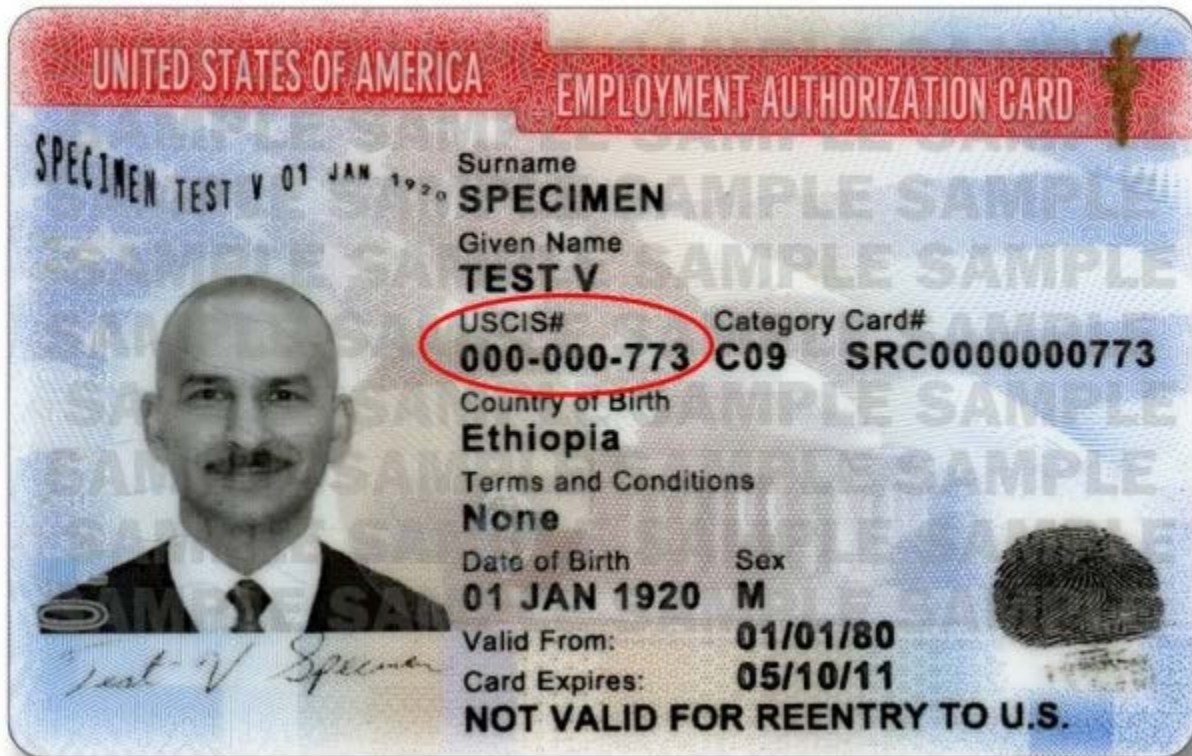
- **TD:** NONE- No work authorization of any kind
- **O1:** Valid Passport with current I-94 O1 notation
- **O3:** NONE – No work authorization of any kind
- **ASYLEE:** EAD (employment authorization document card) OR Document from List B and Unrestricted Social Security Card. When appointing Asylees who present a List B document and Unrestricted Social Security Card because they have unlimited work authorization please enter a twenty year date (start and end) in the appointment form
- **REFUGEE:** EAD (employment authorization document) card OR I-94 stating Refugee status work authorized
- **TPS** (Temporary Protected Status): EAD (employment authorization document card)
- **AOS** (Adjustment of Status): EAD (employment authorization document card)
- **LPR** (Lawful Permanent Resident): Permanent Resident Card – Alien Registration Card – ‘Green Card’ OR I-551 Immigrant Visa (IV) stamp OR I-551 stamp

## Passport Example

### U.S. Passport or U.S. Passport Card



## EAD (Employment Authorization Document) CARD Example





## I-551 Immigrant Visa (IV) Machine Readable



## (I-551) Permanent Resident Card “Green Card”



## Back of Permanent Resident Card (I-551)





# DS-2019 J1 Form Example

U.S. Department of State

## CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119  
EXPIRES: 02-28-2005  
ESTIMATED BURDEN TIME: 45 min  
\*See Page 2

|                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Family Name:<br><b>Visitor</b>                                                                                                                                                                                                                                                                                                                                                              |                                                           | First Name:<br><b>New</b>                                                                                | Middle Name:<br><b>Exchange</b>        | Gender:<br><b>FEMALE</b>                    | N0000059190                                                                                       |
| Date of Birth (mm-dd-yyyy):<br><b>01-10-1985</b>                                                                                                                                                                                                                                                                                                                                               | City of Birth:<br><b>Nassau</b>                           | Country of Birth:<br><b>BAHAMAS, THE</b>                                                                 | Citizenship Country Code:<br><b>BF</b> | Citizenship Country:<br><b>BAHAMAS, THE</b> | <b>J-1</b><br> |
| Legal Permanent Residence Country Code:<br><b>BF</b>                                                                                                                                                                                                                                                                                                                                           | Legal Permanent Residence Country:<br><b>BAHAMAS, THE</b> | Position Code:<br><b>900</b>                                                                             | Position:<br><b>CATEGORY - OTHER</b>   |                                             |                                                                                                   |
| U.S. Address: <b>800 K Street<br/>Washington, DC 20001</b>                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| 2. Program Sponsor:<br><b>Andrew's Colorado School</b>                                                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Exchange Visitor Program Number:<br><b>G-4-10089</b>                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Participating Program Official Description:<br><b>AU PAIR; AU PAIR</b>                                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Purpose of this form: <b>Begin new program; accompanied by number (1) of immediate family members.</b>                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| 3. Form Covers Period:                                                                                                                                                                                                                                                                                                                                                                         |                                                           | 4. Exchange Visitor Category:                                                                            |                                        |                                             |                                                                                                   |
| From (mm-dd-yyyy): <b>05-15-2003</b>                                                                                                                                                                                                                                                                                                                                                           |                                                           | <b>AU PAIR</b>                                                                                           |                                        |                                             |                                                                                                   |
| To (mm-dd-yyyy): <b>05-15-2004</b>                                                                                                                                                                                                                                                                                                                                                             |                                                           | Subject/Field Code: <b>32.0105</b><br>Subject/Field Code Description: <b>Job-Seeking/Changing Skills</b> |                                        |                                             |                                                                                                   |
| 5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:<br>Current Program Sponsor funds : \$10,000.00<br>Personal funds : \$20,000.00<br>Total : \$30,000.00                                                                                                                                              |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| 6. DEPARTMENT OF STATE<br>FOR THE SECRETARY OF STATE<br>(INCLUDE ALL INFORMATION PROVIDED TO THE OFFICER THAT A NOTIFICATION COPY OF THIS FORM IS TO BE FURNISHED TO THE OFFICER OF THE STATE DEPARTMENT)                                                                                                                                                                                      |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Test PDSO-67                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                          | Responsible Officer                    |                                             |                                                                                                   |
| Name of Officer Preparing Form<br><b>2424 Garden of the Gods<br/>Colorado Springs, CO 80919</b>                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                          | Title<br><b>202-555-1212</b>           |                                             |                                                                                                   |
| Address of Officer or Alternate Responsible Officer                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                                                                          | Telephone Number<br><b>04-17-2003</b>  |                                             |                                                                                                   |
| Signature of Responsible Officer or Alternate Responsible Officer                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                          | Date (mm-dd-yyyy)                      |                                             |                                                                                                   |
| 8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)<br>Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Signature of Responsible Officer or Alternate Responsible Officer                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                          | Date (mm-dd-yyyy) of Signature         |                                             |                                                                                                   |
| PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 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                                                                                                                                                                                                                                                                                                                                               |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| (ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)                                                                                                                                                                                                                                                        |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                                                          | Title                                  |                                             |                                                                                                   |
| Signature of Consular or Immigration Officer                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                          | Date (mm-dd-yyyy)                      |                                             |                                                                                                   |
| THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e)                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.                                                                                                                                                                                                                                                                                 |                                                           |                                                                                                          |                                        |                                             |                                                                                                   |
| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                          | Date (mm-dd-yyyy)                      |                                             |                                                                                                   |

# F1 I-20 Form Example

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO. 1653-0038

SEVIS ID: N0004705512

|                                         |                                          |                                                                    |
|-----------------------------------------|------------------------------------------|--------------------------------------------------------------------|
| SURNAME/PRIMARY NAME<br>Doe Smith       | GIVEN NAME<br>John                       | <b>CLASS</b><br><br><b>F-1</b><br><br><b>ACADEMIC AND LANGUAGE</b> |
| PREFERRED NAME<br>John Doe-Smith        | PASSPORT NAME                            |                                                                    |
| COUNTRY OF BIRTH<br>UNITED KINGDOM      | COUNTRY OF CITIZENSHIP<br>UNITED KINGDOM |                                                                    |
| DATE OF BIRTH<br>01 JANUARY 1980        | ADMISSION NUMBER                         |                                                                    |
| FORM ISSUE REASON<br>INITIAL ATTENDANCE | LEGACY NAME<br>John Doe-Smith            |                                                                    |

## SCHOOL INFORMATION

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SCHOOL NAME<br>SEVP School for Advanced SEVIS Studies<br>SEVP School for Advanced SEVIS Studies | SCHOOL ADDRESS<br>9002 Nancy Lane, Ft. Washington, MD 20744      |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL<br>Helene Robertson<br>PDSO                             | SCHOOL CODE AND APPROVAL DATE<br>3AL214F4444000<br>03 APRIL 2015 |

## PROGRAM OF STUDY

|                                         |                                         |                                                    |
|-----------------------------------------|-----------------------------------------|----------------------------------------------------|
| EDUCATION LEVEL<br>DOCTORATE            | MAJOR 1<br>Economics, General 45.0601   | MAJOR 2<br>None 00.0000                            |
| NORMAL PROGRAM LENGTH<br>72 Months      | PROGRAM ENGLISH PROFICIENCY<br>Required | ENGLISH PROFICIENCY NOTES<br>Student is proficient |
| PROGRAM START DATE<br>01 SEPTEMBER 2015 | PROGRAM END DATE<br>31 MAY 2021         |                                                    |

## FINANCIALS

|                                       |           |                                        |           |
|---------------------------------------|-----------|----------------------------------------|-----------|
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS |           | STUDENT'S FUNDING FOR: 9 MONTHS        |           |
| Tuition and Fees                      | \$ 23,000 | Personal Funds                         | \$ 3,000  |
| Living Expenses                       | \$ 6,000  | Scholarship and Teaching Assistantship | \$ 29,000 |
| Expenses of Dependents (1)            | \$ 3,000  | Funds From Another Source              | \$        |
| Other                                 | \$        | On-Campus Employment                   | \$        |
| TOTAL                                 | \$ 32,000 | TOTAL                                  | \$ 32,000 |

## REMARKS

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

## SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered 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 and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(i)(6). I am a designated school official of the above named school and am authorized to issue this form.

|                                                                          |                              |                                    |
|--------------------------------------------------------------------------|------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> SIGNATURE OF: Helene Robertson, PDSO | DATE ISSUED<br>21 April 2015 | PLACE ISSUED<br>Ft. Washington, MD |
|--------------------------------------------------------------------------|------------------------------|------------------------------------|

## STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. 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 program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

|                                                                  |           |                                          |      |
|------------------------------------------------------------------|-----------|------------------------------------------|------|
| <input checked="" type="checkbox"/> SIGNATURE OF: John Doe Smith | DATE      |                                          |      |
| <input checked="" type="checkbox"/> NAME OF PARENT OR GUARDIAN   | SIGNATURE | ADDRESS (city/state or province/country) | DATE |

## Endorsement Page

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO. 1653-0038

SEVIS ID: N0004705512 (F-1) NAME: John Doe Smith

|                          |                     |
|--------------------------|---------------------|
| EMPLOYMENT AUTHORIZATION | TYPE                |
| EMPLOYMENT START DATE    | EMPLOYMENT END DATE |
| EMPLOYER NAME            | EMPLOYER LOCATION   |
| COMMENTS                 |                     |

## CHANGE OF STATUS/CAP-GAP EXTENSION

|                     |                         |                |                                 |
|---------------------|-------------------------|----------------|---------------------------------|
| REQUESTED VISA TYPE | REQUEST/PETITION STATUS | RECEIPT NUMBER | BENEFIT START DATE/REQUEST DATE |
|---------------------|-------------------------|----------------|---------------------------------|

## EVENT HISTORY

|            |            |
|------------|------------|
| EVENT NAME | EVENT DATE |
|------------|------------|

## OTHER AUTHORIZATIONS

|               |            |          |
|---------------|------------|----------|
| AUTHORIZATION | START DATE | END DATE |
|---------------|------------|----------|

## TRAVEL ENDORSEMENT

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.

|                 |       |           |             |              |
|-----------------|-------|-----------|-------------|--------------|
| SCHOOL OFFICIAL | TITLE | SIGNATURE | DATE ISSUED | PLACE ISSUED |
|                 |       | X         |             |              |
|                 |       | X         |             |              |
|                 |       | X         |             |              |
|                 |       | X         |             |              |



# I-94 Card Examples

## Current I-94 Example

 **U.S. Customs and Border Protection**  
Securing America's Borders

Get I-94 Number **I-94 FAQ**

OMB No. 1651-0111  
Expiration Date: 11/30/2014

**Admission (I-94) Number Retrieval**

Admission (I-94) Record Number: 69001333663

Admit Until Date (MM/DD/YYYY): 08/24/2013

Details provided on Admission (I-94) form:

|                               |            |
|-------------------------------|------------|
| Family Name:                  | Testing    |
| First (Given) Name:           | Monday     |
| Birth Date (MM/DD/YYYY):      | 05/06/1985 |
| Passport Number:              | 123000456  |
| Passport Country of Issuance: | Mexico     |
| Date of Entry (MM/DD/YYYY):   | 03/13/2013 |
| Class of Admission:           | B1         |

## Previous I-94 Example

Departure Number OMB No. 1651-0111

Document Number { 0000000000 00 }

Document Title { I-94  
Departure Record }

Expiration Date { 14. Family Name  
S T U D E N T  
15. First (Given) Name  
I M A  
16. Birth Date (Day/Mo/Yr)  
0 1 0 1 7 0  
17. Country of Citizenship  
A N Y C O U N T R Y }

See Other Side

CBP Form I-94 (10/04)  
STAPLE HERE


Form I-94 Arrival/Departure Record

*Sample*  
APR 20 2011  
F-1  
D/S

# I-797 H1B Approval Notice with Attached I-94

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

I-797A, Notice of Action

| UNITED STATES OF AMERICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------|
| RECEIPT NUMBER<br>WAC-16-069-50290                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER                                               |
| RECEIPT DATE<br>January 12, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PRIORITY DATE  | PETITIONER<br>UNIV OF IOWA                                                                      |
| NOTICE DATE<br>April 14, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PAGE<br>1 of 2 | BENEFICIARY                                                                                     |
| UNIV OF IOWA<br>C/O LAURA C PRINCE<br>1 W PRENTISS ST 121 20 USB<br>IOWA CITY IA 52242                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Notice Type: Approval Notice<br>Class: H1B<br>Valid from 06/14/2016 to 06/13/2019<br>Consulate: |
| <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. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training 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, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. 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, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</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><b>THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.</b></p> <p>The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)</p> |                |                                                                                                 |
| Please see the additional information on the back. You will be notified separately about any other cases you filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                 |
| USCIS<br>CALIFORNIA SERVICE CENTER<br>P. O. BOX 30111<br>LAGUNA NIGUEL CA 92607-0111<br>Customer Service Telephone: (800) 375-5283<br>Form I797A (Rev. 10/31/05)N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |             |

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

Detach This Half for Personal Records

Receipt# WAC-16-069-50290

I-94# 701437780 20

NAME

CLASS H1B

VALID FROM 06/14/2016 UNTIL 06/13/2019

PETITIONER: UNIV OF IOWA

1 W PRENTISS ST 121 20 USB  
IOWA CITY IA 52242

**701437780 20**

Receipt Number WAC-16-069-50290

United States Citizenship and Immigration  
Services

I-94

Departure Record

Petitioner: UNIV OF IOWA

|                            |                   |
|----------------------------|-------------------|
| 14. Family Name            |                   |
| 15. _____                  | 16. Date of Birth |
| 17. Country of Citizenship |                   |

Form I-797A (Rev. 10/31/05) N

## **CHAPTER 10**

### **TYPES OF UI HIRES AND WHEN A NEW I-9 MAY BE REQUIRED**

All employers must complete and retain Forms I-9 for every person they hire for employment on or after Nov. 6, 1986, in the United States as long as the person works for pay or other type of compensation.

[www.uscis.gov/i-9-central](http://www.uscis.gov/i-9-central)

---

#### **NEW I-9's ARE REQUIRED FOR:**

- New hires (faculty, staff, student employees, temp employees)
- Job transfers from a fellowship or complimentary appointment to a paid appointment
- A rehired employee with a break in paid service of even one business day (or re-verify an existing I-9 if you have access to it)
- An overseas UI employee returning to employment in the U.S. at the UI
- Current employees paid from a new federal contract requiring E-Verify

#### **EXCEPTIONS**

- Individuals hired on or before Nov. 5, 1986 and have remained continuously employed
- Independent contractors
- Individuals not physically working in the United States
- Academic Fellowship appointments
- Complimentary appointments
- Academic year appointees returning after an academic break
- Transfers from another UI department with no break in paid service

Last updated – 1/29/2016 (DF)

## **CHAPTER 11**

### **IMPORTANT REMINDERS/TIPS FROM THOSE IN THE FIELD**

- Provide the I-9 form acceptable documents list prior to start date for all employees.
- Encourage your new hire to complete their I-9 prior to their employment start date.
- NEVER complete Form I-9 for a complimentary (Pay Basis 9) appointment and never for independent contractors, unpaid volunteers and academic fellowships.
- DO NOT send copies of documents to University Human Resources (Payroll) unless it is a requirement for an E-Verify case.
- When completing Section 3 of the I-9 form for Reverification do not fill in the “rehire” date – leave this field blank.
- DO NOT complete an I-9 or E-Verify case for an employee that has been continuously employed at the University of Iowa since November 6, 1986. These employees are exempted from the I-9/E-Verify requirement.
- When doing a new I-9 and receiving the message “is this the same person” say yes/agree unless you are certain it is not. If not do further follow-up.
- Compliance messages within the transaction system are current and have been updated to assist departments.
- Use the Faculty & Staff Immigration Services website for help including FAQ’s and other important information.
- Helps have been put into the Transaction system to assist Departments completing forms.
- If the message “Duplicate SSN” is received when in I-9 Express this is because it has been entered into the Work # and the transaction system. Say yes to the message to move the screen forward.
- Ensure birth certificates are issued by a U.S. State or the U.S. State Department (if birth abroad).
- When completing form I-9, always use the date you complete the I-9. The I-9 system will not allow a future date.
- NEVER choose the E-Verify I-9 location for an employee unless DSP and University Human Resources have provided the appropriate email confirmation of the signed contract.
- A Social Security Number is required for those UI employees that will additionally have E-Verify submitted on their behalf.
- Once the employee has been E-Verified they should not be E-Verified again unless there was a break in service and the employee was rehired.

## **CHAPTER 12**

### **WHERE TO GO FOR HELP?**

For assistance with access to the Data Access HR Reports, please contact your Supervisor.

Access to the I-9 system is granted to users by their department administrator or HR Unit Representative. You can find your HR Unit Rep on the Employee Self-service under the Personal Tab/General category.

**If you have any password issues, please call us:**

Payroll Office 335-2381 Faculty & Staff Immigration Services 335-1167

**You will also find information about completing the I-9 form any time in the following resources**

UI Faculty & Staff Immigration Services Website – I-9 information and FAQ's.

I-9/E-Verify Best Practices Guide AND Remote/Agent I-9 Procedures and Instructions coming soon to all of campus

I-9 manual: <http://www.uscis.gov/sites/default/files/files/form/m-274.pdf>

**For any information or assistance, please contact:**

Faculty and Staff Immigration Services (319-335-1167 or [immigration@uiowa.edu](mailto:immigration@uiowa.edu)), or  
University Payroll (319-335-2381 or [electronic-i9@uiowa.edu](mailto:electronic-i9@uiowa.edu)).

## **CHAPTER 13**

### **E-VERIFY – FAR E-VERIFY CLAUSE**

E-Verify is an Internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility. A presidential Executive order and subsequent Federal Acquisition Regulation (FAR) rule (clause) required federal contractors to use E-Verify to electronically verify the employment eligibility of employees working under covered federal contracts. The order and the rule reinforce Federal government policy that the Federal government does business only with organizations that have a legal workforce. The University of Iowa is required to use E-Verify for those individuals who work on a FAR E-Verify Federal U.S. Contract (or subcontract).

The Division of Sponsored Programs manages all Federal contracts as they come into the University. Chapter 14 discusses this process and provides detailed information regarding the contract and what is required to complete the E-Verify requirement.

### **FEDERAL CONTRACTOR INFORMATION**

The following three pages provide specific information on the University of Iowa's status as a Federal Contractor and what rules and responsibilities are associated with this status. Additionally there are exceptions to the Federal Contractor Rule. The exceptions are noted within this chapter. Please contact University Human Resources (Laura Prince) or Sponsored Programs with additional questions.

# Who is Affected by the E-Verify Federal Contractor Rule

The E-Verify Federal Contractor Rule only affects Federal contractors who were awarded a new contract on or after the effective date of the rule, September 8, 2009, that includes the Federal Acquisition Regulation (FAR) E-Verify clause (found at 48 C.F.R., Subpart 22.18 ). Some existing Federal contracts may also be bilaterally modified to include the FAR E-Verify clause after the effective date of the rule.

Government contracting officials, not E-Verify, decide if a Federal contract qualifies for the Federal Acquisition Regulation (FAR) E-Verify clause. To qualify, the contract must meet the following criteria:

- The contract was awarded on or after the E-Verify Federal contractor rule effective date of September 8, 2009, and includes the FAR E-Verify clause;
- The contract has a period of performance that is for 120 days or more;
- The contract's value exceeds the simplified acquisition threshold of \$150,000 ;
- At least some portion of the work under the contract is performed in the United States.

## FAR Subcontractors

The E-Verify Federal contractor rule requires certain Federal prime contractors to require their subcontractors to use E-Verify when:

- The prime contract includes the Federal Acquisition Regulation (FAR) E-Verify clause;
- The subcontract is for commercial or noncommercial services or construction;
- The subcontract has a value of more than \$3,000; and
- The subcontract includes work performed in the United States.

## Indefinite-Delivery/Indefinite-Quantity (IDIQ) Contracts

Government contracting officials may modify IDIQ contracts on a bilateral basis to include the FAR E-Verify clause for future orders, in accordance with FAR 1.108(d)(3), when:

- The remaining period of performance extends at least six months after the effective date of the rule; and
- The amount of work or number of orders expected under the remaining period of performance is substantial.

*If the FAR E-Verify clause is included in a modified IDIQ contract, the employer must participate in E-Verify within 30 calendar days of the modification date.*



## RULES AND RESPONSIBILITIES OVERVIEW

Federal contractors participating in E-Verify **MUST**:

- ✓ Follow E-Verify procedures for each new hire while enrolled/participating in E-Verify.
- ✓ Notify each job applicant of E-Verify participation.
- ✓ Clearly display both the English and Spanish 'Notice of E-Verify Participation' and the 'Right to Work' posters.
- ✓ Complete the Form I-9 for each newly hired employee before creating a case in E-Verify.
- ✓ Ensure that Form I-9 List B identity documents have a photo (Section 2.1).
- ✓ Create a case for each newly hired employee no later than the third business day after he or she starts work for pay.
- ✓ Obtain a Social Security number (SSN) from each newly hired employee on Form I-9.
- ✓ Provide each employee the opportunity to contest tentative nonconfirmation (TNC).
- ✓ Allow each newly hired employee to start and continue working during the E-Verify verification process, even if he or she receives a TNC.
- ✓ Ensure that personally identifiable information is safeguarded.
- ✓ Only use E-Verify for an existing employee under limited circumstances. For more details about verifying an existing employee review the 'Supplemental Guide for Federal Contractors.'
- ✓ Use special considerations when you decide how to, and whether to verify an existing employee. For more information review the 'Supplemental Guide for Federal Contractors.'
- ✓ You are required to create a case within a specified period of time. If a case is not created within those timeframes, you must note the reason for the delay and

attach it to Form I-9.

- ✓ You may not verify an employee selectively, and must follow E-Verify procedures for each newly hired employee and an existing employee assigned to a covered federal contract while your company is participating in E-Verify.

Federal contractors participating in E-Verify **MUST NOT:**

- ✗ Use E-Verify to prescreen an applicant for employment.
- ✗ Check the employment eligibility of an employee hired before their company signed the E-Verify MOU.
- ✗ Take any adverse action against an employee based on a case result unless E-Verify issues a final nonconfirmation.
- ✗ Specify or request which Form I-9 documentation a newly hired employee must use.
- ✗ Use E-Verify to discriminate against ANY job applicant or new hire on the basis of his or her national origin, citizenship or immigration status.
- ✗ Selectively verify the employment eligibility of a newly hired employee.
- ✗ Share any user ID and/or password.

## EXCEPTIONS TO FEDERAL CONTRACTOR RULE

Federal contractors with the FAR E-Verify clause are not required to verify the following employees:

- Any employee who was hired on or before November 6, 1986.  
**NOTE:** Individuals hired for employment in the Commonwealth of the Northern Mariana Islands (CNMI) on or before November 27, 2009 are also not subject to Form I-9 or verification through E-Verify.
- Any employee who has been granted and holds an active U.S. government security clearance for access to confidential, secret or top secret information in accordance with the 'National Industrial Security Program Operating Manual.'
- Any employee who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12, Policy for a Common Identification Standard for Federal Employees and Contractors.

## **CHAPTER 14**

### **DIVISION OF SPONSORED PROGRAMS (DSP) E-VERIFY NOTIFICATION**

The Division of Sponsored Programs (DSP) manages all federal contracts on behalf of the University of Iowa. Their office works in partnership with University Human Resources and Grant Accounting to ensure compliance for the E-Verify requirement that is part of the federal contract or subcontract. DSP receives the contract and then sends an initial email to the Principal Investigator (PI) explaining the E-Verify requirement and the next steps of the process.

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Date: []

To: [PI and Dept. Administrator]

From: [Contract reviewer, DSP]

Re: [Contract number and project title]

The contract we have received from [Name of Sponsor] for the study above referenced contains a federal government requirement that all employees working on projects funded by a federal contract be verified as eligible for employment in the United States. The verification process is to be carried out through the Department of Homeland Security's **E-Verify** online system.

Do not perform the e-Verify verification until you receive notice from DSP that the contract has been fully signed.

Premature e-verification jeopardizes funding for this contract as well as other federal funding received by the University of Iowa. The purpose of this message is to give you advance notice to prepare to e-Verify your employees working on the contract. ***Until the contract is fully signed do not e-Verify for any reason.***

Federal law requires verification of the affected employee to begin within ninety (90) days following the award of the contract, which occurs when both the University of Iowa and the federal contract sponsor have signed the agreement. Your department is responsible for initiating this process; however, UI Human Resources will work with your appropriate departmental Human Resources representative.

Immediate Departmental Actions:

- List employees (and volunteers) who will work on this project. It is important to note that individuals who are **volunteers may need to go through the E-Verify process even though they are not UI employees.** Please contact laura-prince@uiowa.edu with questions.
- Notify your appropriate HR representative that a federal contract is expected to be awarded with the e-verify provision, and send the list of employees to the representative as soon as possible.

Next Steps:

When the contract has been signed by both parties, the Division of Sponsored Programs will send the department a second notice. ***The ninety day deadline to e-Verify employees commences when the contract has been signed by both parties.***

Employees assigned to the contract must complete a new I-9 Employment Eligibility form. The information in the form will be matched against the E-Verify system and the system will return a notice of eligibility. Should there be a tentative determination of ineligibility the employee will be given explicit instructions on how to try to resolve the problem. Your Departmental Human Resources representative will be able to assist you with the procedures.

Ongoing Responsibilities:

If a current University of Iowa employee is assigned to the project during the contract period, the newly assigned employee is required to be verified within **thirty (30) days** if they have not been verified already.

When hiring a new university employee to work on a federal contract, that new employee must be verified within **three (3) business days** of beginning work.

If you will be collaborating with another entity and subcontracting for services or if you will be purchasing services or paying for construction from an outside vendor in connection with a covered federal contract, include the words “**FAR Employment Eligibility Verification clause #52.222-54 applies to this purchase order**” in the Vendor Comments box of the PReq. This will help to provide the required notice to subcontractors and vendors that they must also comply with e-Verify for subcontracts and procurements over \$3,000.

Contacts:

For more information or questions on the E-Verify process: Contact Human Resources, Payroll Office (319-335-2381) or Faculty & Staff Immigration Services (319-335-1167).

For more information, questions, or concerns on the E-Verify clause in federal contracts: Contact the Division of Sponsored Programs, (319-335-2123) or dsp-contracts@uiowa.edu .

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**Once the contract has been signed by both parties, the Division of Sponsored Programs sends a second and final email with next steps. This email confirms the contract has now been signed and E-Verify should be done on those who will be working on the contract.**

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Date:

To: [PI and Dept. Administrator]

From: [Contract Administrator, DSP]

Re: [Contract # and project title]

The above referenced contract was completed (signed by both parties) on [date]. As we have previously advised you, this contract is subject to e-Verify, the federal government’s requirement that employees working on federal contracts have their eligibility to work in the United States verified.

The ninety (90) day time limit for verifying the project employees began running on the date above. **Please be in touch with your unit’s Human Resources representative immediately.** Your HR rep will carry out the verification process.

Your department is responsible for continuing to comply with the e-Verify provision during the full term of the study. Here are your ongoing responsibilities:

If a current University of Iowa employee is assigned to the project during the contract period, the newly assigned employee is required to be verified within **thirty (30) days** if they have not been verified already.

When hiring a new university employee to work on a federal contract, that new employee must be verified within **three (3) business days** of beginning work.

It is important to note that individuals who are volunteers may need to go through the E-Verify process even though they are not UI employees. Please contact laura-prince@uiowa.edu with questions.

If you will be collaborating with another entity and subcontracting for services or if you will be purchasing services or paying for construction from an outside vendor in connection with a covered federal contract, include the words **“FAR Employment Eligibility Verification clause #52.222-54 applies to this purchase order”** in the Vendor Comments box of the PReq. This will help to provide the required notice to subcontractors and vendors that they must also comply with e-Verify for subcontracts and procurements over \$3,000.

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## CHAPTER 15

### I-9 LOCATIONS FOR E-VERIFY – HOW TO REQUEST A LOCATION

When a Department obtains a new Federal contract and is required to E-Verify those employees who will be working on the contract they must first check to make sure that the “E” location has been set up for where the employees will have E-Verify assigned. Below is an example of locations including several “E” locations. If the Department attempts to do a new I-9 using E-Verify and they don’t use an “E” designated location, E-Verify will not be performed. The Department will need to provide an eleven number location with description to Laura. Once the location and description have been given Laura works with Information Management within University Human Resources to have the new “E” located added. The following business day the location should be available in the drop down for the Department to then begin using.

[I-9 Instructions](#) [I-9 Instructions](#)

| <b>Section 1. Employee Information and Attestation</b> <i>(Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b>, but not before accepting a job offer.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                             |                      |                                                               |                           |
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| Last Name (Family Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | First Name (Given Name)                                     |                      | Middle Initial                                                | Other Names Used (if any) |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | <input type="text"/>                                        |                      | <input type="text"/>                                          | <input type="text"/>      |
| Address (Street Number and Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | Apt. Number                                                 | City or Town         | State                                                         | Zip Code                  |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | <input type="text"/>                                        | <input type="text"/> | <input type="text"/>                                          | <input type="text"/>      |
| Date of Birth<br><input type="text"/><br><i>(mm/dd/yyyy)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | U.S. Social Security Number<br><input type="text"/><br><input type="radio"/> SSN Applied For | E-mail Address<br><input type="text"/><br><i>(optional)</i> |                      | Telephone Number<br><input type="text"/><br><i>(optional)</i> |                           |
| Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                             |                      |                                                               |                           |
| <div><div>04-0240-00000 GLOBAL REGION ENVIRON RES-CTR</div><div>04-0255-00000 OFFICE OF ANIMAL RESOURCES</div><div>04-0255-00000-E OFFICE OF ANIMAL RESOURCES</div><div>04-0256-00000 OFFICE OF THE IACUC</div><div><b>04-0256-00000-E OFFICE OF THE IACUC</b></div><div>04-0265-00000 ENVIRONMENTAL HEALTH AND SAFETY</div><div>04-0265-00000-E ENVIRONMENTAL HEALTH AND SAFETY</div><div>04-0265-00001 ENVIRONMENTAL PROGRAMS</div><div>04-0265-00001-E ENVIRONMENTAL PROGRAMS</div><div>04-0265-00002 ADMINISTRATION</div><div>04-0265-00002-E ADMINISTRATION</div><div>04-0265-00003 RADIATION SAFETY</div><div>04-0265-00003-E RADIATION SAFETY</div><div>04-0265-00004 OCCUPATIONAL SAFETY</div><div>04-0265-00004-E OCCUPATIONAL SAFETY</div><div>04-0265-00006 BIOLOGICAL SAFETY</div><div>04-0265-00006-E BIOLOGICAL SAFETY</div><div>04-0265-00007 CHEMICAL SAFETY</div><div>04-0265-00007-E CHEMICAL SAFETY</div><div>04-0272-00000 ADMINISTRATION</div></div> |                                                                                              |                                                             |                      |                                                               |                           |
| Use statements or use of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                             |                      |                                                               |                           |
| r): <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                             |                      |                                                               |                           |
| ): <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                             |                      |                                                               |                           |
| e, such as refugees, asylees,<br>c of the Marshall Islands, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                             |                      |                                                               |                           |
| CIS Number <b>OR</b> Form I-94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                             |                      |                                                               |                           |