

MASTERING THE I-9

Accuracy, Compliance, and Timeliness



WELCOME TO FORM I-9 COMPLIANCE TRAINING

- Ensure compliance with federal employment verification laws
- Learn how to accurately complete Form I-9
- Common Mistakes and how to avoid them
- Timeliness for completion





Let Us Introduce Ourselves

Angela Kuc

Director of State Payroll and State
Appointment Processing

UB Employee 27 Years (15) Years in
Human Resources


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HR Customer Experience Manager

UB Employee 10 Years (8) in Human
Resources

What is Form I-9?

- Verifies identity and employment authorization for individuals hired in the U.S.
- Must be completed for every new employee (citizen and non-citizen alike)
- Required by the Immigration Reform and Control Act (IRCA)
- Managed by U.S. Citizenship and Immigration Services (USCIS)



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No.1615-0047
 Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)				Apt. Number (if any)	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See Instructions.)

☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)

☐ 4. A noncitizen (other than item Numbers 2. and 3. above) authorized to work until (exp. date, if any):

If you check item Number 4., enter one of these:

USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

List A	OR	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative _____ Signature of Employer or Authorized Representative _____ Today's Date (mm/dd/yyyy) _____

Employer's Business or Organization Name _____ Employer's Business or Organization Address, City or Town, State, ZIP Code _____

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.


Form I-9 Edition 08/01/23 Page 1 of 4

The Three Sections of Form I-9

(A) Section 1: Employee Information & Attestation - Completed by employee no later than the first day of work

(B) Section 2: Employer Review & Verification - Completed by employer within 3 business days of hire; Review acceptable documents from List A or List B + List C

(C) Section 3: Reverification / Rehires - Used for updating expiring Work Authorizations or change in status



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Department of Homeland Security
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ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name)				Apt. Number (if any)	City or Town
				State	ZIP Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address	
				Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See Instructions.)

☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)

☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		List B AND List C	
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)		Additional Information	
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			

Check here if you used an alternative procedure authorized by DHS to examine documents.


Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative _____ Signature of Employer or Authorized Representative _____ Today's Date (mm/dd/yyyy) _____

Employer's Business or Organization Name _____ Employer's Business or Organization Address, City or Town, State, ZIP Code _____

SUNY at Buffalo **205 Hayes Rd, Buffalo, New York, 14120**

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page on part of the employer's Form I-9 record. Additional guidance can be found in the [Handbook for Employers, Subchapter for Supplemental Form I-9 \(B-27\)](#).

Last Name (Family Name) from Section 1		First Name (Given Name) from Section 1		Middle Initial (if any) from Section 1
<p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>				
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)		
<p>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p>				
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation)				
<p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
<p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>				
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)		
<p>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p>				
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation)				
<p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
<p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>				
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)		
<p>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p>				
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation)				
<p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				

B

C

5

Timeliness Requirements



Section 1: Completed by employee on or before Day 1 **BUT** not before acceptance of the offer of employment



Section 2: Employer completes within 3 business days of employment



Section 3: Completed when work authorization expires or status changes

Section 1 Employee Information & Attestation

Employee will complete this section

Employee must follow how each section needs to be completed. (Ex DOB)

Any mistakes made must have a single line and be initialed

no white out or scribbles.

Note: If Form is completed by a translator, they must complete preparer and or translator certification form.



Employment Eligibility Verification

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

USCIS
 Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):		
			<input type="checkbox"/> 1. A citizen of the United States		
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)		
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)		
			<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)		
If you check Item Number 4., enter one of these:			USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance		
Signature of Employee					Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Employee Information Requirements

Social Security Number- Not Required

If unknown, leave this field blank. Do **not** use “R” numbers.

Phone Number/Email- Not Required

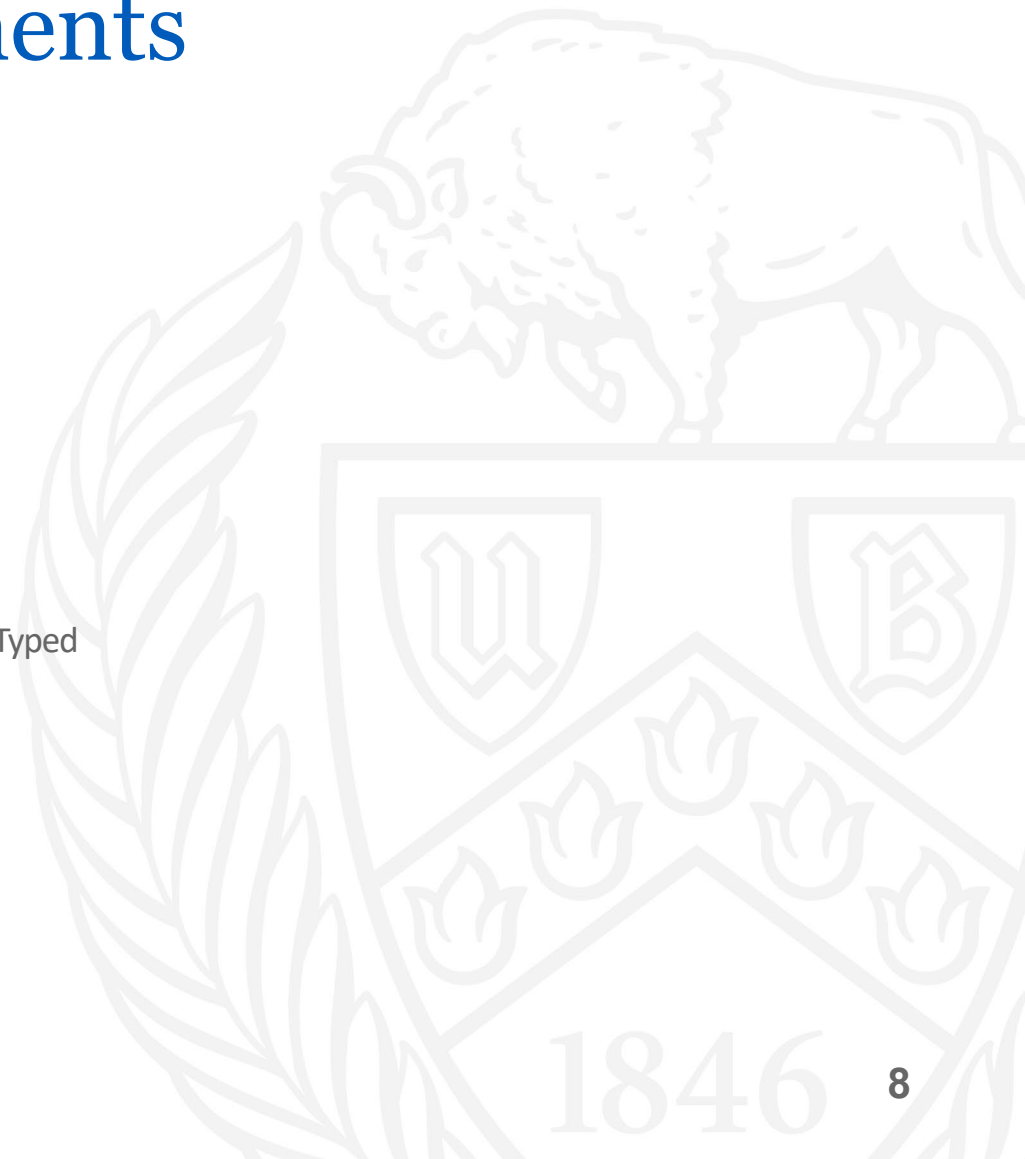
Address: Required

Signature: Required

must be either a wet ink signature or a verified electronic signature (e.g., Adobe with date stamp). Typed or font-style signatures are not acceptable.

Date: Required

The date entered must reflect the actual date the employee signs the form.



Employee Attestation Section

Employee must select one (1) of the four citizenship or immigration status options:

1.) A citizen of the United States

2.) A noncitizen national of the United States

An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad

3.) A lawful Permanent Resident

Must provide **USCIS Number** or **“A” Number**

4.) A noncitizen authorized to work until – Must indicate: **Work authorization expiration date,**

And


One of the following: USCIS (“A” Number), Form I-94 Number, or Foreign Passport Number

• **Not commonly required**—most employees complete Section 1 on their own.

Preparer/Translator

• This section is **completed only if someone assists the employee** in completing Section 1.

• **Not commonly required**—most employees complete Section 1 on their own.

Supplement A, Preparer and/or Translator Certification for Section 1			USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 05/31/2027
			
Department of Homeland Security U.S. Citizenship and Immigration Services			
Last Name (Family Name) from Section 1.			First Name (Given Name) from Section 1.
			Middle Initial (if any) from Section 1.
Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.			
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code

Section 2 Employer Review & Verification

List A: Proves both identity and work authorization (e.g., U.S. passport)

List B: Proves identity only (e.g., driver's license)

List C: Proves work authorization only (e.g., Social Security card)

Tips: Never specify which documents an employee should present; Do not accept photocopies (except certified birth certificates)

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)		Additional Information	
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Document Number (if any)			
Expiration Date (if any)			
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy): _____
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

Employer Review Continued

Review Section 1 to ensure all information is complete and accurate

Examine original documents presented by the employee — photocopies are not acceptable

Record document information in the appropriate list column (List A or List B and C)

Make copies of the documents used for verification

Documents must be valid at the time of review - expired documents cannot be accepted

Enter the employee's first day of employment

Signature required: Must be wet ink or an official electronic signature (e.g., Adobe with date stamp) typed or font-style signatures are not permitted

Date the form with the actual date you complete the review



I-9 Acceptable Documents

This list includes all acceptable documents for the I-9 form.

Acceptable documents: Web

<https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
 * Documents extended by the issuing authority are considered unexpired.
 Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

International Employees


Common Documentation for Visa Holders

- Typically presented as a **List A combination**, which includes:
 - A **valid foreign passport**, and
 - A **valid Form I-94** indicating work authorization
- **Note**: Employees may present **any valid document combination** from **List A or Lists B and C** as allowed by Form I-9 requirements

Combination Documents: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents/combination-documents>

Section 3 Reverification / Rehires

- Used to update expiring work authorization or record changes in employment status
- Employee signature not required in this section
- Enter the employee's name at the top of the form
- Complete **one** section using the new document(s) provided
- Make a copy of the updated document(s) and submit



Supplement B,
Reverification and Rehire (formerly Section 3)
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
 OMB No. 1615-0047
 Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
-----------------------------------------	-----------------------------------------	-----------------------------------------

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.) ☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.) ☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.) ☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Common Mistakes & How to Avoid Them

- Missing signatures or dates
- Incorrect or missing document numbers
- Using outdated I-9 versions
- Not re-verifying when required
- Incomplete employer information
- Using whiteout/scratch out information.
- Over documenting- Only list & submit items that are needed to fulfill the document requirement
- Use the latest I-9 form version from USCIS
- Train all hiring staff regularly
- Contact Human Resources with any questions you may have
- Maintain confidentiality and document integrity
- Use the provided resources for form I-9
- Correcting Mistakes: Draw a line through the incorrect information. Enter the correct information. Initial and date the correction.

Retention of Form I-9

Departmental Human Resources

- Attach I-9 and document copies to the employee ePTF
 - I9s & supporting documents should not be stored in any capacity at the department level
- Securely shred original documents once attached to the ePTF

Central Human Resources

Retains all I-9 and Supporting documents per retention requirements.

I-9 Resources

-  **USCIS Central:** <https://www.uscis.gov/i-9-central>
-  **USCIS Form I-9 webpage:** <https://www.uscis.gov/i-9>
-  **Handbook for employers M-274:** <https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274>
-  **Current Form I-9:** <https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>
-  **Form I-9 instructions:** <https://www.uscis.gov/sites/default/files/document/forms/i-9instr.pdf>
-  **USCIS I-9 Webinars:** <https://www.uscis.gov/i-9-central/form-i-9-resources/employment-eligibility-webinars>

HR- Resources



Contact your Central HR team for support

State Employees- ub-hr-stateappointmentprocessing@buffalo.edu

Research Foundation Employees- rfpayroll@buffalo.edu



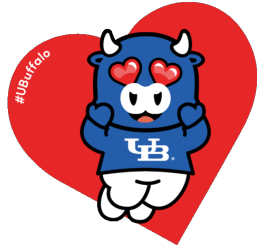
You can also contact our Customer Experience team at ub-hr@buffalo.edu

Congratulations you are now a Pro at the I-9!



**What questions
can we answer
for you??**

How did we do?



**Complete the session survey
using your smart device:**

Scan the QR code provided on
your schedule.

OR

Scan the QR code shown here.

