MASTERING THE 1-9

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

Kristine Kam

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
J.S. Citizenship and Immigration Services

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

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alling to comply with th	e requireme	nts fo	r comple	ting this	form	m. See	below and	the	Instruc	tic	ons.	_			-		
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employees for documenta																	
Supplement B, Reverifica	tion and Rehi	ire. Tr	reating em	nployees o	ille	rently b	ased on the	eir cit	zenshi	р, І	immig	ration statu	s, or nat	ional (origin may be illeg		
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Address (Street Number an	d Name)			Apt. Num	nber	(If any)	City or Tow	'n					State		ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Sc	cial Se	curity Num	ber	Em	plovee's	Email Addre	55					Employe	e's Te	elephone Number		
		_								_							
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Signature of Employee									100	ac y	s Daie	(mana dab yyy	2)				
If a preparer and/or tr	anslator assis	ted yo	u in comp	leting Seat	tion	1, that p	erson MUS	oom	plete th	10	тераг	er and/or Tr	anslator	Centilii	oation on Page 3.		
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Employer's Business or Orga	anization Name			Empl	loyer	r's Busin	ess or Organ	zation	Addres	is,	City or	Town, State	, ZIP Cod	e			
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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



Employment Eligibility Verification

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

USCIS Form I-9



START HERE: Employers must ensure the form instructions are available to employees when completing this form.

	employees for documer Supplement B, Reverific														
	Section 1. Employe day of employment						nust compl	lete and	sign S	ection 1 of	Form I-9	no late	r than t	he first	
	Last Name (Family Name)		First Na	me (Give	en Name)		Middle In	itial (if ar	y) Other L	ast Names	Used (if a	ny)		
	Address (Street Number	and Name)			Apt. Nu	umber (if any)	City or Town	n			State	-	ZIP Code		
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	Date of Birth (mm/dd/yyy	y) U	I.S. Social Secu	urity Num	ber	Employee's	Email Addres	S			Employ	yee's Tele	phone Nu	mber	
	I am aware that fede provides for impriso fines for false staten	nment an nents, or t	ment and/or 1. A citizen of the United States							ship or immigration status (See page 2 and 3 of the instructions.):					
	use of false docume connection with the					nent resident (I			_						
	this form. I attest, u	nder pena	alty			ther than Item			-	rized to work	until (exp.	date. if an	v)		
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	attesting to my citize immigration status,		-	SCIS A-N		er 4., enter one	e of these: I-94 Admissio	on Numbe	r [oreign Pass	sport Num	ber and C	ountry of	flssuance	
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	Signature of Employee Today's Date (mm/do									ate (mm/dd/)	yyy)				
If a preparer and/or to	anslator assisted you in completing Sect	ion 1, that perso	on MUST complete ti	he <u>Preparer</u>	and/or Trans	slator Certification o	n Page 3.				Supplement	D			
business days after the e authorized by the Secret	Review and Verification: Employe mployee's first day of employment, and any of DHS, documentation from List A ditional Information box; see Instruction	d must physical OR a combinal	norized representat illy examine, or exa ition of documentat	ive must cor mine consistion from Lis	mplete and stent with ar t B and List	sign Section 2 with a alternative proced C. Enter any addi	hin three lure tional	8		Dep	n and Rehire (i artment of Homela izenship and Immig	formerly Secti nd Security	ion 3)	USCIS Form I-9 Supplement B OMB No. 1615-0047 Expires 05/31/2027	
	List A	OR	List B	AN	ID	List C		Last Name	(Family Name) from 8	ection 1.	First Name (Given Na	me) from Section 1.	Middle Initial (fany) from Section 1.	
Document Title 1															
Issuing Authority								reverification the employ	on, is rehired with ree's name in the	nt replaces Section 3 on the in three years of the date to lelds above. Use a new se this page as part of the em	he original Form I-9 was ction for each reverific	s completed, or provi	des proof of a legal withe Form I-9 instr	name change. Enter	
Document Number (if any)								Handbook	for Employers: G	idance for Completing For ew Name (Fapplicable)	m I-9 (M-274)	e. Haadonia galdan			
Expiration Date (if any)								Date (mm/c		Last Name (Family Name)		First Name (Given Nam	ne)	Middle Initial	
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Document Number (if any)									presented docum replayer or Authorized	nentation, the documentati Representative	on I examined appears Signature of Employer or Au	-		lual who presented it. ays Date (miniddyyyy)	
Expiration Date (if any)								Additional	Information (Initial	and date each notation.)			Check	k here if you used an abve procedure authorized	
Document Title 3 (if any)								Date of Ret	hire (l'applicable) N	ew Name (l'applicable)			by DH	tS to examine documents.	
Issuing Authority								Date (mm/c	,,,,,	Last Name (Family Name)		First Name (Given Nam		Middle Initial	
Document Number (if any)								Reverification continued e	on: If the employee imployment authorities	requires reverification, your tation. Enter the document is	employee can choose to information in the spaces Document Number (if any)	present any acceptablelow.		oumentation to show	
Expiration Date (if any)		Check here	e if you used an alterna	ative procedu		•		l attest, u	nder penalty of pe	rjury, that to the best of m	knowledge, this empl	oyee is authorized to	work in the United :	States, and if the	
	er penalty of perjury, that (1) I have exami				named	First Day of Employm (mm/dd/yyyy):	ent		presented docum replayer or Authorized	nentation, the documentati Representative	on I examined appears Signature of Employer or Au			lual who presented it. ay's Date (mm/dd/yyyy)	

mployer's Business or Organization Nam SUNY at Buffalo

Timeliness Requirements



Section 1: Completed by employee on or before Day 1

BUT not before <u>acceptance</u> 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 Info day of employment, but n						yees r	nust compl	ete a	nd sign Se	ction 1 of	Form	I-9 no la	ter than th	ne first
Last Name (Family Name)			First Na	ame (Give	n Nam	e)		Middl	e Initial (if any	Other L	ast Nam	ies Used (if	any)	
Address (Street Number and Nar	me)	·		Apt. Nu	mber (r (if any) City or Town			·			ate	ZIP Code	
												•		
Date of Birth (mm/dd/yyyy)	U.S. So	cial Secu	urity Num	nber	Emp	loyee's	Email Addres	s			Emp	oloyee's Te	lephone Nur	nber
I am aware that federal law		Check	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):											
provides for imprisonment fines for false statements,		1	1. A citizen of the United States											
use of false documents, in	I	2	A noncitizen national of the United States (See Instructions.)											
connection with the comple		3	A lawful permanent resident (Enter USCIS or A-Number.)											
this form. I attest, under pe of perjury, that this informa	ation,	4	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)											
including my selection of the attesting to my citizenship		If you	check Ite	m Numbe	er 4., e	nter one	e of these:							
immigration status, is true		US	SCIS A-N	lumber	OR-	Form	I-94 Admissio	n Nun	nber OR Fo	reign Pas	sport Nu	ımber and	Country of	Issuance
correct.					OIX.				OK					
Signature of Employee									Today's Da	te (mm/dd/y	уууу)			
If a preparer and/or transla	itor assist	ed you	in comp	leting Se	ction 1	l, that p	erson MUST	compl	ete the Prepa	rer and/or	Transla	tor Certific	ation on Pa	age 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



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

Department of Homeland Security U.S. Citizenship and Immigration Services Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Nan	ne (Given Name) from Section 1.	M	ddle Initial (if	any) from Section 1.		
Instructions: This supplement must be completed by an of Form I-9. The preparer and/or translator must enter the must complete, sign, and date a separate certification are completed Form I-9. I attest, under penalty of perjury, that I have assisted knowledge the information is true and correct.	emplo a. Em	yee's name in the spaces prov ployers must retain completed	ided abor suppleme	ve. Each ent sheets	preparer or translator with the employee's		
Signature of Preparer or Translator			Date (mm	/dd/vvvv)			
	_		,				
Last Name (Family Name)	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 knowledge the information is true and correct.	in the	completion of Section 1 of th	is form a	ind that to	o the best of my		
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 knowledge the information is true and correct.	in the	completion of Section 1 of th	is form a	nd that to	o the best of my		
Signature of Preparer or Translator			Date (mn	/dd/yyyy)			
Last Name (Family Name)	First I	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 knowledge the information is true and correct.	in the	completion of Section 1 of th	is form a	nd that to	o the best of my		
Signature of Preparer or Translator			Date (mm	/dd/yyyy)			
Last Name (Family Name)	First I	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)		Ad	ditional 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 alternati	ve procedure authorize	d by DH	S 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 Represer	ntative	Signature of Employer or Auth	orized Representative		Today's Date (mm/dd/yyyy)						
Employer's Business or Orga	anization Name E	mployer's	Business or Organization Address	s, City or Town, State, Z	IP Code							

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

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 - <u>expired documents cannot be accepted</u>

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 <u>not permitted</u>

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).

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



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 <u>not required</u> in this section
- Enter the employee's name at the top of the form
- Complete <u>one</u> 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

Middle Initial (if any) from Section 1.

OMB No. 1615-0047 Expires 05/31/2027

reverification, is rehired wi the employee's name in the completing this page. Kee	nent replaces Section 3 on t thin three years of the date e fields above. Use a new s p this page as part of the er Guidance for Completing Fo	the d ection	original Form I-9 was on for each reverifica yee's Form I-9 record	s c	completed, or provides proc on or rehire. Review the Fo	of of a orm I-9	legal name cl instructions	hange. Enter
Date of Rehire (If applicable)	New Name (If applicable)							
Date (mm/dd/yyyy)	Last Name (Family Name)			Г	First Name (Given Name)			Middle Initial
				L				
	ee requires reverification, you orization. Enter the document					or List	C documentat	ion to show
Document Title		Doc	ument Number (If any)			Expir	ation Date (If any	y) (mm/dd/yyyy)
	perjury, that to the best of n umentation, the documental							
Name of Employer or Authorize	ed Representative	Sigr	nature of Employer or Aut	the	orized Representative		Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)							ou used an edure authorized nine documents.
Date of Rehire (If applicable)	New Name (If applicable)							
Date (mm/dd/yyyy)	Last Name (Family Name)			Г	First Name (Given Name)			Middle Initial
				l				
	ee requires reverification, you orization. Enter the document					or List	C documentat	ion to show
Document Title			eument Number (If any)			Expir	ation Date (If any	y) (mm/dd/yyyy)
	perjury, that to the best of n umentation, the documental							
Name of Employer or Authorize	ed Representative	Sign	nature of Employer or Aut	the	Today's Date (mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)							ou used an edure authorized nine documents.
Date of Rehire (If applicable)	New Name (If applicable)							
Date (mm/dd/yyyy)	Last Name (Family Name)				First Name (Given Name)			Middle Initial
	ee requires reverification, you orization. Enter the document					or List	C documentat	ion to show
Document Title			ument Number (If any)			Expir	ation Date (If any	y) (mm/dd/yyyy)
	perjury, that to the best of n umentation, the documental							
Name of Employer or Authorize	ed Representative	Sigr	nature of Employer or Aut	the	orized Representative		Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)							ou used an sedure authorized

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 <u>not</u> be stored in any capacity at the department level
- Securely shred original documents once attached to the ePTF



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- <u>ub-hr-</u> <u>stateappointmentprocessing@buffalo.edu</u>

Research Foundation Employees- rfpayroll@buffalo.edu



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

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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.

