

Form I-9: Refresher Training

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

OMB No. 1615-0047, Expires 08/31/11
Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against non-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the document has a future expiration date may also constitute illegal discrimination.

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

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt # Date of Birth (month/day/year)

City State Zip Code Social Security #

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

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

- A citizen of the United States
- A permanent resident of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) (expiration date if applicable: month/day/year)

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

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee. I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.)

Preparer's/Translator's Signature Print Name

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

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

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

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

Signature of Employer or Authorized Representative Print Name Title Date (month/day/year)

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

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

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

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

Document Title	Document #	Expiration Date (if any)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

Form I-9 (Rev. 08/07/09) 1/09

CWD | March 2017



Today's Agenda



- I. What is new with the new I-9?
- II. What's an I-9
- III. Harvard's Process: New Hires, Re-Certification
- IV. Review the I-9
- V. Glacier
- VI. For More Information



I | What is New with the New I-9?



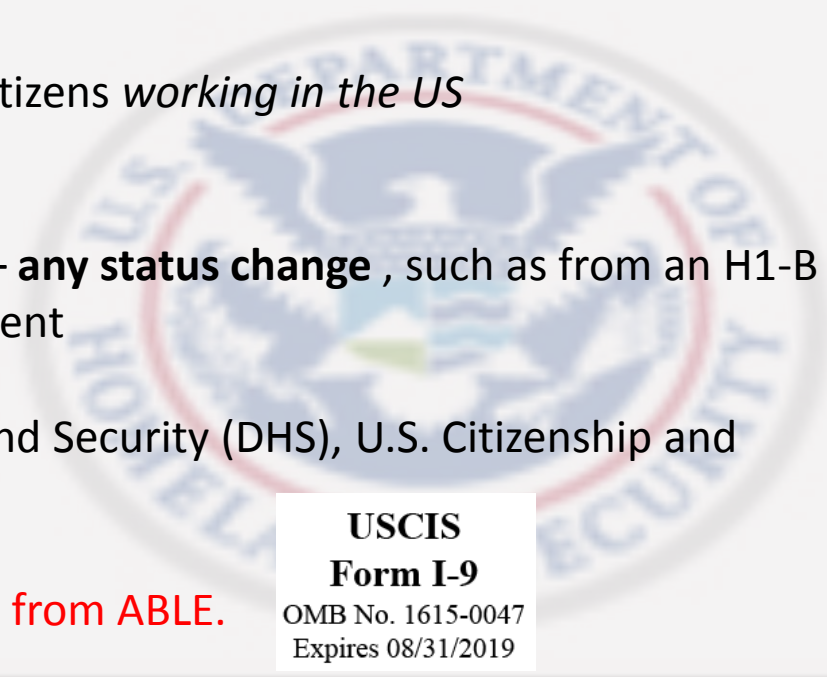
- Review Handout
 - Demo of writable features and frustrations....



II | Form I-9



- Full Title: Form I-9, Employment Eligibility Verification
- Purpose: completed by all newly hired employees in order to verify their **identity** and **authorization to work** in the United States.
- Affects: US Citizens and Non-US Citizens *working in the US*
 - New Hires
 - Rehires
 - (non-US Citizens only) – **any status change** , such as from an H1-B Visa to Permanent Resident
- Issued By: Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS)
- **NEW**: **Download the latest version from ABL.**



USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019



II | Who Completes this Form?



Section 1: Employee (page 1)

- Any person to perform labor or services
- New employees hired after November 6, 1986
- All Rehires (Harvard Process)
- Recertification

Section 2: The Employer (page 2)

- Examine and record document(s) provided
- Attestation

Section 3: Recertification (do not use)

- Harvard Process – do not use this section. For recertification, complete Sections 1 & 2 of a NEW I-9





III | Harvard Process



III | New Hires: On-boarding Process



Offer Accepted

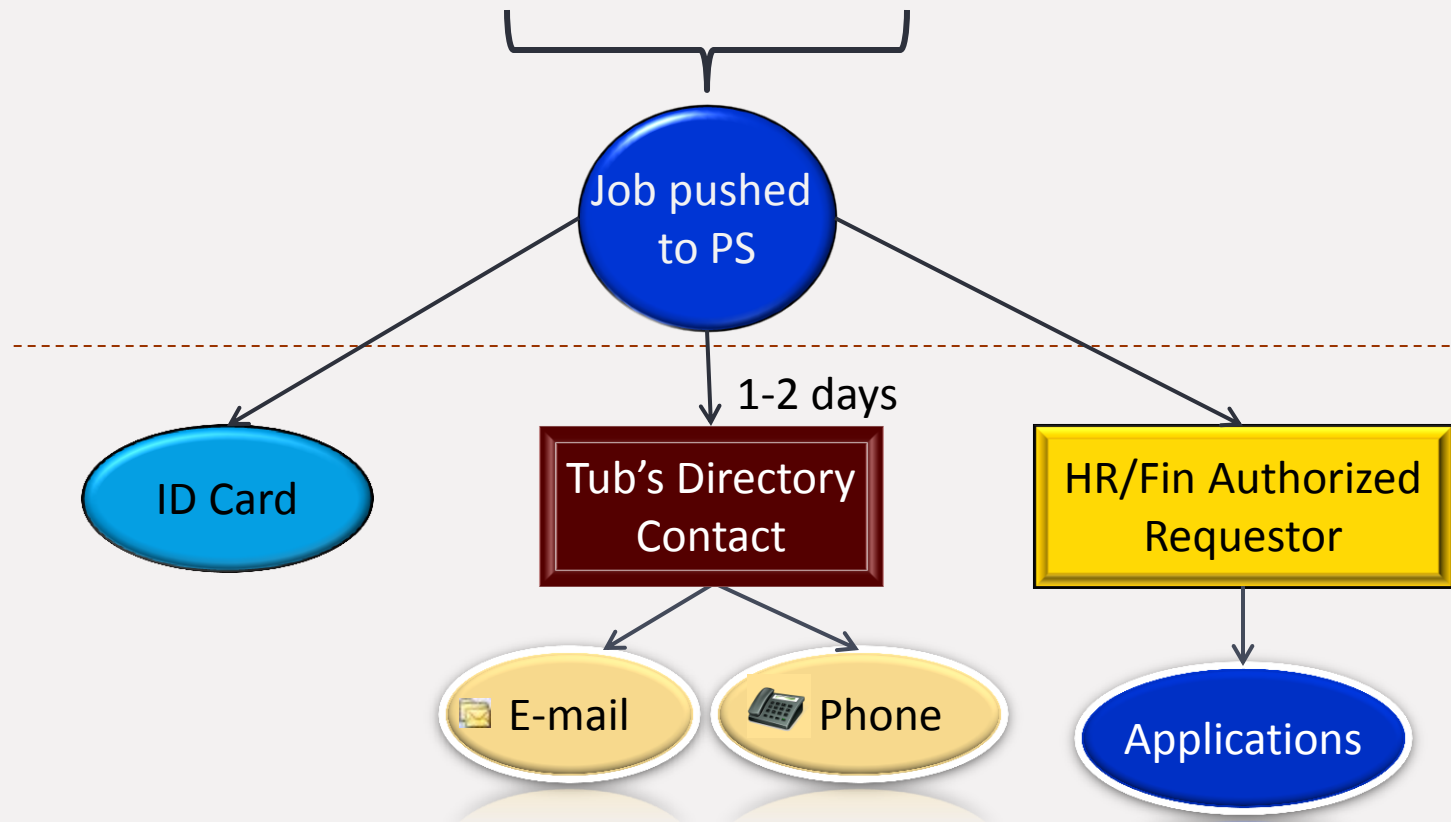
Completed I-9 to Central Payroll*



Start Date



*ASAP! Central Payroll has a 24-hour turnaround time on correctly completed forms



III | Payroll & the I-9



Payroll Process (24-hours)

- Reviews the I-9 and supporting documentation
- Adds SSN (or dummy SSN) to the I-9 table and checks “Eligible to work in US”

Eligible to Work in U.S.

*National ID: Eligible to Work in U.S.

EmpID:

Name:



Remember Those Payroll Calendar Deadlines

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
9	10	11	12	13	14	15
TL Appr Deadline: Weekly (9/14) TL Appr Deadline: Biweekly (9/14)	Payroll Open/Close: Weekly (9/14) Payroll Open/Close: Biweekly (9/14)	File Deadline: Stpend (10/1)		Check Date: Weekly Check Date: Biweekly TL Rpt Deadline: Weekly (9/21) TL Rpt Deadline: Biweekly (9/28)		
16	17	18	19	20	21	22
TL Appr Deadline: Weekly (9/21)	Payroll Open/Close: Weekly (9/21)			Check Date: Weekly TL Rpt Deadline: Weekly (9/28) TL Rpt Deadline: Biweekly (9/28)		
23	24	25	26	27	28	29
TL Appr Deadline: Weekly (9/28) TL Appr Deadline: Biweekly (9/28)	Payroll Open/Close: Weekly (9/28) Payroll Open/Close: Biweekly (9/28)	Payroll Open: LTD & Stpend (10/1)		Check Date: Weekly Check Date: Biweekly TL Rpt Deadline: Weekly (10/5) TL Rpt Deadline: Biweekly (10/12)		

- Biweekly pay period
- Last day you can submit to PS
- Payroll calculation NO SUBMITTING
- Check Date



III | I-9 Re-Certification



- MONTHLY:** Run the Visa Expiration Report: [Harvard Reports > Payroll Related > Visa Expiration Report](#)
This report returns all visas that either have expired or will expire in 180 days.

Report HUPYX011 Work Authorization Report						CITIZENSHIP	VISA	EFFECTIVE	EXPIRATION	DURATION	PERMIT		
PAYGR	DEPTID	DEPARTM	LAST NAM	FIRST NAM	EMPLID	JOBCODE	COUNTRY	STATUS	TYPE	DATE	DATE	TYPE	STATUS
POU	123456	HMS^HCC	Asample	Aperson	11223344	403090	SLV	Alien Temp	TPS	4/15/2011	3/9/2012	Months	Granted
WTM	123457	HMS^Dvrs	Bsample	Bperson	22334455	700030	JPN	Alien Temp	F-1	9/13/2006	6/7/2012	Months	Granted
POU	123458	HMS^HCC	Csample	Cperson	33445566	403090	UNK	Alien Temp	UNK	4/15/2011	3/9/2012	Years	Applied For
MFC	123459	HMS^Psc	Dsample	Dperson	44556677	403	CAN	Alien Temp	J-1	2/23/2009	2/1/2012	Months	Granted
MFC	123460	HMS^HSD	Asample	Aperson	55667788	403	IND	Alien Temp	F-1	6/1/2010	5/27/2011	Months	Granted

- Contact the employee to bring in updated documents.
- Complete a **NEW** Form I-9, sections 1 and 2.
- Send the completed I-9 and document copies to Central Payroll



Update HUID = 22222222
Paygroup = POU

Address (Street Name and Number) _____ City _____ State _____ Zip Code _____ Social Security # _____

I am aware that federal law prohibits for improvement and for those for false statements or use of false documents in connection with the completion of this form.

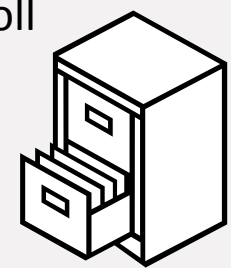
Employer Signature _____ Date _____

Employee Signature _____ Date _____

Section 3: Employee Signature and Verification. (To be completed and signed by employee. Retention on document Form I-9 of all retention one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date of each of the documents.)

Document A	OR	Document B	AND	Document C
Document 1a		Document 1b		Document 1c
Document 2a		Document 2b		Document 2c
Document 3a		Document 3b		Document 3c
Document 4a		Document 4b		Document 4c

Expiration Date (if _____) Hire Date _____



Expiration Date (if _____) Hire Date _____

CERTIFICATION: the above-listed document(s) appear to (month/day/year) 01/16/2012 and employment agencies may omit the date

III | Harvard International Office (HIO)



Working with the HIO

- www.hio.harvard.edu
- Sponsorship Submittal
- Working through all necessary paperwork
- Extension Requests
 - ❖ Example: submitting a Form I-129 –indicating a continuation of employment



III | Policy on Expired Visas



Harvard's Process for Expired Visas

- Direct deposit is turned off, and physical checks are created
- Tub instructs the employee to stop working until he or she provides a new Form I-9 with supporting documentation
 - ❖ You may work with the employee and the HIO – for example, for an H-1B extension
- Once the I-9 is received, Central Payroll re-establishes direct deposit.

If the employee **cannot** recertify, he or she is given outstanding checks and removed from active payroll *by their local department* – they are no longer eligible to work.

Penalties for Hiring/Continuing to Employ Unauthorized Aliens

- **Individuals can be held personally responsible**
- Fines may be assessed *per unauthorized alien*
 - First Offense \$375 - \$3,200
 - Second Offense \$3,200 - \$6,500
 - Third Offense \$4,300 - \$16,000





IV | Review the I-9



IV | List A Documents - **UNEXPIRED**



US Passport or US
Passport Card



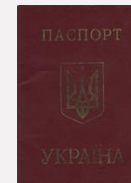
Permanent Resident Card
or Alien Registration
Receipt Card (Form I-551)



Foreign passport that
contains a temporary I-551
stamp or temporary I-551
printed notation on a machine-
readable immigrant visa (MRIV)



+

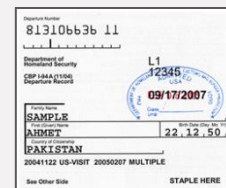


Foreign passport
with Form I-94 or
Form I-94A

*Employees with J-1 Visas (exchange visitors) and
F-1 Visas (students) must provided additional
documentation*



Employment Authorization
Document (Card) that contains
a photograph (Form I-766)



+



Passport from the
Federated States of
Micronesia (FSM) or the
Republic of the Marshall
Islands (RMI) with Form I-94 or Form I-94A



IV | List B Documents (Identity Only)



- Drivers License issued by State or outlying territory of the US
- Federal/State I.D. card
- School I.D. card
- Voters registration card
- U.S. Military card/draft record
- Military Dependent ID
- Coast Guard Merchant mariner Card
- Native American Tribal Document
- Canadian driver's license

If Under 18:

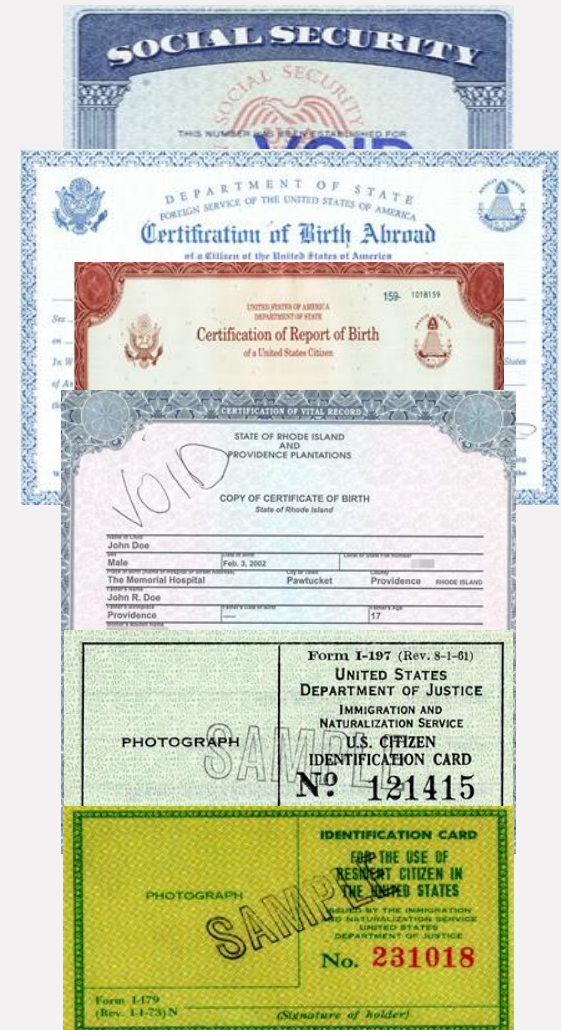
- School record/report card
- Clinic, hospital, doctor record
- Day care or nursery school record



IV | List C Documents (Employment Authorization)



- Social Security card, except for one that states that the person is not authorized to work
- Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
- Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- Native American tribal document
- U.S. Citizen ID Card (Form I-197)
- Identification Card for Use of Resident Citizen in the United States (Form I-179)
- Employment authorization document issued by DHS, for example:
 - Form I-94 issued to an asylee or work-authorized nonimmigrant (e.g., H-1B non-immigrants),
 - Unexpired Reentry Permit (Form I-327),
 - Certificate of U.S. Citizenship (Form N-560 or N-561).



IV | FAQ's



Question	Answer
May I specify which documents I will accept for verification?	NO You <u>must</u> accept any document (list A) or combination (list B + list C)
May I accept expired documents?	NO Exceptions: Expired Employment Authorization Documents (I-766) and Permanent Resident Cards (I-551) that appear to be expired on their face but have been extended by the USCIS
May I accept Social Security Administration printouts that contain the employee's name, SSN, Date of Birth, and parent's names instead of a Social Security Card?	NO Only a person's official Social Security card or receipt for a replacement card issued by SSA is acceptable
May I accept a Social Security card marked "NOT VALID FOR EMPLOYMENT" when the employee states that he or she is now authorized to work?	NO The employee must provide another document to establish his or her authorization.
May I accept a photocopy or fax of a document presented by an employee?	NO Original documents must be included, except for a certified copy of a birth certificate.



IV | Section 3



Section 3. Update and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

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

Document Title: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 named on this form.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

Form I-9 (Rev. 06/05/07) N

Section 3 is NOT Completed

- Central Payroll retains all original I-9 forms

For Recertification

- Use a new Form I-9
- Include on top of the form:
 - Update
 - HUID
 - Paygroup
- Complete Sections 1 & 2
- Send form and copies of the documentation to Central Payroll

 **Update**
HUID: 30607398
Paygroup: WTM

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

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Names Used (if any)
Harvard	John		N/A

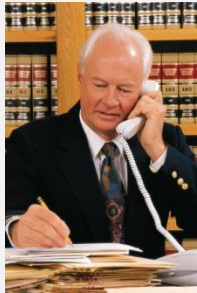




V | Types of Visas



IV | Who Has What Visa?



J-1 Visa: Specialists, scholars, government visitor, students



H-1B Visa: “Specialty Occupation” such as scientists, engineers



F-1 & M-1 Visa: Students

TN Visa: Residents of Canada or Mexico (part of NAFTA)



GREEN CARD
||||| ||| |||||

Permanent Resident (No Visa)



IV | Lawful Permanent Residents



GREEN CARD
||||||| ||| |||||

Who? Someone who is lawfully admitted to the United States to live and work permanently. Also known as a **green card holder**. **I-9 is not recertified.**

Section 1 Checkbox

- ✓ Check the third box
- ✓ Alien / USCIS #
- ✓ Do not have to show the permanent resident card (green card) (I-551)

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): 0 0 0 0 7 7 0 0 1

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)



Required Documents (Either/OR)

Permanent Residence Card

OR

List B Document (ex. Driver's License)
List C Document (ex. SSN Card)



IV | Sample I-9: Permanent Resident

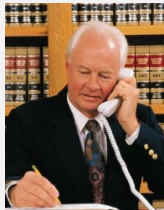


Permanent Resident Card



Section 2. Employer or Authorized Representative Review and Verification																											
<p>(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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")</p>																											
<table border="1"> <tr> <th>Employee Info from Section 1</th> <th>Last Name (Family Name)</th> <th>First Name (Given Name)</th> <th>M.I.</th> <th>Citizenship/Immigration Status</th> </tr> <tr> <td></td> <td>Harvard</td> <td>John</td> <td>N/A</td> <td>3</td> </tr> </table>		Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status		Harvard	John	N/A	3																
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<p>123 List A OR List B AND List C Identity and Employment Authorization OR Identity AND Employment Authorization</p>																											
<table border="1"> <tr> <th>Date</th> <th>Document Title</th> </tr> <tr> <td>01/01/2018</td> <td>Perm. Resident Card (Form I-551)</td> </tr> <tr> <th>Issuing Authority</th> <td>U.S. Citizenship and Immigration Services</td> </tr> <tr> <th>Document Number</th> <td>000-007-001</td> </tr> <tr> <th>Expiration Date (if any)(mm/dd/yyyy)</th> <td>08/21/2018</td> </tr> </table>	Date	Document Title	01/01/2018	Perm. Resident Card (Form I-551)	Issuing Authority	U.S. Citizenship and Immigration Services	Document Number	000-007-001	Expiration Date (if any)(mm/dd/yyyy)	08/21/2018	<table border="1"> <tr> <th>Document Title</th> <th>Document Title</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>Issuing Authority</th> <th>Issuing Authority</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>Document Number</th> <th>Document Number</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>Expiration Date (if any)(mm/dd/yyyy)</th> <th>Expiration Date (if any)(mm/dd/yyyy)</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Document Title	Document Title			Issuing Authority	Issuing Authority			Document Number	Document Number			Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)		
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<input type="checkbox"/> 1 Document Title <input type="checkbox"/> 2 Issuing Authority <input checked="" type="checkbox"/> 3 Document Number <input type="checkbox"/> 4 Expiration Date (if any)(mm/dd/yyyy)	<p>Additional Information</p> <p>QR Code - Sections 2 & 3 Do Not Write in This Space</p> <p>NOTE: A permanent resident does not need to provide his/her "green card" for original documents. He/she can provide just a driver's license and unrestricted social security card.</p>																										
<p>Alien An A</p> <table border="1"> <tr> <th>Document Title</th> </tr> <tr> <td></td> </tr> <tr> <th>1. A Issuing Authority</th> </tr> <tr> <td></td> </tr> <tr> <th>2. F Document Number</th> </tr> <tr> <td></td> </tr> <tr> <th>3. F Expiration Date (if any)(mm/dd/yyyy)</th> </tr> <tr> <td></td> </tr> </table>		Document Title		1. A Issuing Authority		2. F Document Number		3. F Expiration Date (if any)(mm/dd/yyyy)																			
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2. F Document Number																											
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<p>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.</p>																											
<p>Signa The employee's first day of employment (mm/dd/yyyy): <u>02/12/2017</u> (See instructions for exemptions)</p>																											
<p>Prep Signature of Employer or Authorized Representative: <u>Martha Smith</u> Today's Date(mm/dd/yyyy): <u>02/12/2017</u> Title of Employer or Authorized Representative: <u>HR Coordinator</u></p>																											
<p>(Field) Last Name of Employer or Authorized Representative: <u>Smith</u> First Name of Employer or Authorized Representative: <u>Martha</u> Employer's Business or Organization Name: <u>Harvard University</u></p>																											
<p>Employer's Business or Organization Address (Street Number and Name): <u>64 Oxford Street</u> City or Town: <u>Cambridge</u> State: <u>MA</u> ZIP Code: <u>02138</u></p>																											

IV | J-1 Visa – Exchange Visitors and Students



Who? An alien who is authorized to work for a specific program, such as government visitor, research scholar, professor, student (associate through doctoral)



If extended on a J-1, must get a new DS-2019 form.

Section 1 Checkbox

- ✓ Check the fourth box
- ✓ I-94/I-94A Admission #
- ✓ I-94/I-94A Expiration (departure, D/S) date
- ✓ Provides passport data used to enter U.S.

[DS – 2019 Form](#)

Required Documents (Must present ALL, under Type A)

•Unexpired foreign passport	•I-94 or I-94A indicating J-1 status
•Form DS-2019 with SEVIS* number and end date of employment authorization	•(optional, students only) letter from official program sponsor



*SEVIS = International Student & Exchange Visitor Program

IV | F-1 Nonimmigrant Student Visa



F-1 Visa Holders = foreign students pursuing academic studies

- On-campus employment
- Curricular Practical Training
- 20 hours / week maximum
- Off-Campus Employment (if affiliated with Harvard, such as a laboratory)

Section 1 Checkbox

- ✓ Check the fourth box
- ✓ I-94/I-94A Admission #
- ✓ I-94/I-94A Expiration (departure, D/S) date
- ✓ Provides passport data used to enter U.S.

I-20

Required Documents (Present All under Type A)

- | | |
|--|---------------------------------------|
| • Unexpired foreign passport | • I-94 or I-94A indicating F-1 status |
| • Form I-20 with school's official endorsement | • <u>OPT only</u> : EAD Card |



IV | Sample I-9: F-1 Visa

U.S. Department of Justice
Immigration and Naturalization Service

I-20

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

1. Family Name (surname): Stressed

First (given) Name: David Middle Name: Max

Country of birth: NEW ZEALAND Date of birth (month/day/year): 11/1/1963

Country of citizenship: NEW ZEALAND Admission number:

2. School (School district) name: Harvard University

School Official to be notified of student's arrival in U.S. (Name and Title):

Passport NEW ZEALAND • AOTEAROA

PASSPORT URUWHENUA

TYPE: P NZL EP000119

CITIZEN STRESSED DAVID

NEW ZEALAND

Date of birth: 01 NOV 1963

TAIHAPE

28 FEB 2008 WELLINGTON

3. The student is expected to report to the school no later than 01/01/2017 and complete studies not later than 05/09/2021. The normal length of study is 45 months.

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

a. Student's personal funds \$

b. Funds from this school \$

5. For Immigration Official User

SEVIS N0000246810

U.S. Customs and Border Protection

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

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 24636913511

Admin Until Date (MM/DD/YYYY) 05/09/2021

Details provided on Admission (I-94) form:

Family Name: Stressed
First (Given) Name: David
Birth Date (MMDD/YYYY): 11/01/1963
Passport Number: EP000119
Passport Country of Issuance: New Zealand
Date of Entry (MMDD/YYYY): 01/01/2017
Class of Admission: F1

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Last Name (Family Name) Stressed First Name (Given Name) David M.I. M Citizenship/Immigration Status 4

Address 444 St

Document Title	Document Title	Document Title
Foreign Passport, work-authorized nonimmigrant	S/A	S/A
Issuing Authority New Zealand	S/A	Issuing Authority S/A
Document Number EP000119	S/A	Document Number S/A
Expiration Date (if any) (mm/dd/yyyy) 02/28/2018	S/A	Expiration Date (if any) (mm/dd/yyyy) S/A

1. Document Title Form I-94/I-9A

2. Issuing Authority U.S. Customs and Border Protection

3. Document Number 2463913511

4. Expiration Date (if any) (mm/dd/yyyy) 05/21/2021

Additional Information

QR Code - Section 2 Do Not Write in This Space

1. Alien An A

1. Alien An A Document Title I-20 Issuing Authority US DOJ INS Document Number N000246810 Expiration Date (if any) (mm/dd/yyyy) 05/21/2021

2. Foreign Student

3. Foreign Student

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): 01/02/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative: *Martha Smith* Today's Date (mm/dd/yyyy): 01/02/2017 Title of Employer or Authorized Representative: HR Coordinator

Last Name of Employer or Authorized Representative: Smith First Name of Employer or Authorized Representative: Martha Employer's Business or Organization Name: Harvard University

Employer's Business or Organization Address (Street Number and Name): 44 Oxford Street City or Town: Cambridge State: MA ZIP Code: 02138

IV | OPT (Optional Practical Training) for F-1 Visas



What: Provides practical experience to an F-1 student's area of study.

Hours: 20 hours/week when school is in session & 40hrs/week when not

Duration: up to 12-months of OPT upon completion of degree program. Extensions may be possible

- STEM extension of 17 months of additional employment if they have a job or job offer from an [E-Verify](#) employer and meet all the required criteria.

Restrictions: OPT cannot begin until USCIS has granted the application for employment authorization (Form I-766)

Section 1 Checkbox

- ✓ Check the fourth box
- ✓ EAD #
- ✓ EAD Expiration Date

[I-766 \(EAD Card\)](#)

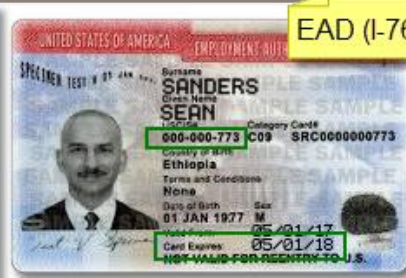
Required Document

EAD (Employee Authorization Document) Card




IV | Sample I-9: F-1 Visa, OPT

When an F-1 visa holder has been granted an EAD to continue working, write "update," employee's HUID, and pagroup on top of the I-9 form. For the hire date, use the **original date of hire**.



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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Sanders	First Name (Given Name) Sean	M.I. N/A	Citizenship/Immigration Status 4
-------------------------------------	---	--	--------------------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Employment Auth. Document (Form I-766)		Document Title N/A		Document Title N/A
Issuing Authority U.S. Citizenship and Immigration Services		Issuing Authority N/A		Issuing Authority N/A
Document Number 000000773		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 05/01/2018		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information		QR Code - Section 2 Do Not Write in This Space 
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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): 02/11/2013 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Marth Smith</i>	Today's Date(mm/dd/yyyy) 05/01/2017	Title of Employer or Authorized Representative HR Coordinator
Last Name of Employer or Authorized Representative Smith	First Name of Employer or Authorized Representative Martha	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) 44 Oxford Street	City or Town Cambridge	State MA
		Zip Code 02138

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

IV | H-1B Visas – Specialty Occupation



Who: = foreign worker in a specialty occupation that requires theoretical or technical expertise in a certain field. **Ex:** scientists, engineers, computer programmers. Sponsored by Harvard University.

Extension (work with the HIO): I-129 must be filed by Harvard before the H-1B expires. The employee can still work up to 240 days while petition is being filed.

Section 1 Checkbox

- ✓ Check the fourth box
- ✓ I-94/I-94A Admission #
- ✓ I-94/I-94A Expiration (departure, D/S) date
- ✓ Provides passport data used to enter U.S.

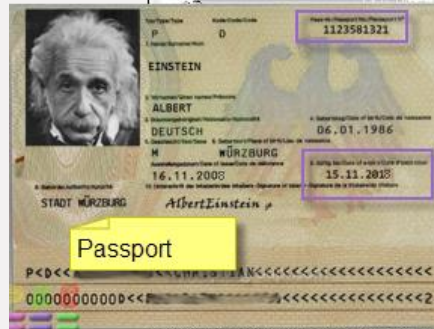
[I-797](#)

Required Documents

- Unexpired foreign passport
- I-94 or I-94A indicating H-1B status
- I-797 Form - Notice of Approval



IV | Sample I-9: H-1B Visa



H-1B (I-797)

I-797C, Notice of Action

UNITED STATES OF AMERICA

CASE TYPE: I130
 PETITION FOR NONIMMIGRANT WORKER

PETITIONER:
 HARVARD UNIVERSITY

BENEFICIARY:
 EINSTEIN, ALBERT

Notice Type: Approval Notice

CLASS: H1B1
 UAI ID from 01/01/2015
 to 01/01/2018

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

I-94

Get I-94 Number 154FAQ

Admission (I-94) Number Retrieval

Admission (i-94) Record Number: 51360137606

Admin Until Date (MM/DD/YYYY) 01/01/2018

Details provided on Admission (I-94) form:

Family Name: Einstein
 First (Given) Name: Albert
 Birth Date (MM/DD/YYYY): 01/06/1986
 Passport Number: 1123581321
 Passport Country of Issuance: Germany
 Date of Entry (MM/DD/YYYY): 01/01/2015
 Class of Admission: B1

Please see the additional information on the back. You will be U.S. CITIZENSHIP & IMMIGRATION SVC CALIFORNIA SERVICE CENTER P. O. BOX 30111 LAGUNA NICHOL CA 92607 0111 Customer Service Telephone: (800) 375-5283

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
Einstein	Einstein	Albert	N/A	4

Date of	List A Identity and Employment Authorization		List B Identity		List C Employment Authorization	
	Document Title	Issuing Authority	Document Title	Issuing Authority	Document Title	Issuing Authority
01/01/15	Foreign Passport, work-authorized nonimmigrant	Germany	N/A	N/A	N/A	N/A
	Document Number	1123581321	Document Number	N/A	Document Number	N/A
	Expiration Date (if any)(mm/dd/yyyy)	11/15/2018	Expiration Date (if any)(mm/dd/yyyy)	N/A	Expiration Date (if any)(mm/dd/yyyy)	N/A

I am attesting that:

- I have examined the document(s) presented by the above-named employee, and (1) I have examined the document(s) presented by the above-named employee, and (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.
- I have examined the document(s) presented by the above-named employee, and (1) I have examined the document(s) presented by the above-named employee, and (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): 01/02/2015 (See instructions for exemptions)

Signature of Employer or Authorized Representative: *Martha Smith* Today's Date (mm/dd/yyyy): 01/02/2015 Title of Employer or Authorized Representative: HR Coordinator

Last Name of Employer or Authorized Representative: Smith First Name of Employer or Authorized Representative: Martha Employer's Business or Organization Name: Harvard University

Employer's Business or Organization Address (Street Number and Name): 44 Oxford Street City or Town: Cambridge State: MA ZIP Code: 02138

Note: The I-797 does not need to be listed under List A. You should review it, however, to verify that Harvard University is listed as the sponsor for the H-1B.

QR Code - Section 2 Do Not Write in This Space

IV | Sample I-9: H-1B Visa

When the H-1B extension approval notice paperwork is received, the employee must fill out a new I-9 form and present the new visa information.

On top of the I-9 form, write "UPDATE," the employee's HUD, paygroup, and "Approved H-1B Extension."

Reissued I-797

Reissued I-94

Passport

U.S. Customs and Border Protection

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 51360137606

Admin Until Date (MM/DD/YYYY) 01/01/2021

Family Name: Einstein
 First (Given) Name: Albert
 Birth Date (MM/DD/YYYY): 01/06/1906
 Passport Number: 1123581321
 Passport Country of Issuance: Germany
 Date of Entry (MM/DD/YYYY): 01/01/2015
 Class of Admission: B1

If an H-1B before the an extens I-9 form w request fo

On top of t along with paygroup Extension

Employee 240 days i date.

Section 2

UPDATE:
HUD: 30276555
Paygroup: PFX
H-1B Extension


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

USCIS Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	EINSTEIN	Albert	R/A	4

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant Issuing Authority Germany Document Number 1123581321 Expiration Date (if any)(mm/dd/yyyy) 11/15/2018		Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A		Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-9A Issuing Authority U.S. Customs and Border Protection Document Number 51360137606 Expiration Date (if any)(mm/dd/yyyy) 01/01/2021		Additional Information 02/11/2013		QR Code - Section 2 Do Not Write in This Space 

Use the employee's original hire date

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): 01/02/2015 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Martha Smith</i>	Today's Date(mm/dd/yyyy) 01/21/2018	Title of Employer or Authorized Representative <i>Hr Coordinator</i>
Last Name of Employer or Authorized Representative Smith	First Name of Employer or Authorized Representative Martha	Employer's Business or Organization Name Harvard University
Employer's Business or Organization Address (Street Number and Name) 44 Oxford Street	City or Town Cambridge	State MA
		ZIP Code 02138

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For payments made to a foreign national, Harvard University utilizes a third-party system, called GLACIER Online Tax Compliance System, to calculate the tax withholding.

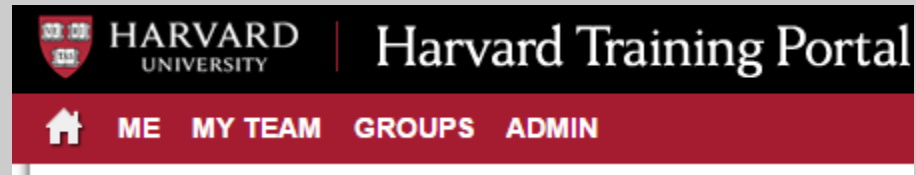




VI | For More Info...



V | Resources



A screenshot of a 'Link' card in a system. The card has a yellow link icon on the left. The title is 'I-9 Verification Tool'. The description is 'A link to web tool that displays the different types of visas along with I-9 documentation'. The 'Type' is 'Link'. The 'Created on' date is '24-AUG-2016 8:00 AM' and the 'Author' is 'William Ganzenmuller'. The 'Last updated on' date is '21-FEB-2017 3:34 PM' and the 'Author' is 'William Ganzenmuller'. The 'More like this' link is 'William Ganzenmuller's Links'. The 'Folders' are 'Hiring Employees...'. At the bottom, there are five stars, a 'Launch' button, and a dropdown menu with options 'Stop watching', 'Like', and 'More Actions'. Below the card is a tag 'I-9 Form' with a green plus sign.

- [USCIS I-9 Central](#)
- [Student and Exchange Visitor Program \(SEVP\)](#)
- [Handbook for Employees: Instructions for Completing Form I-9](#)
- [Harvard International Office/Immigration](#)

Central Payroll Contact Information:

ufs_crt@harvard.edu

617-495-8500, option 4





Questions?????

