

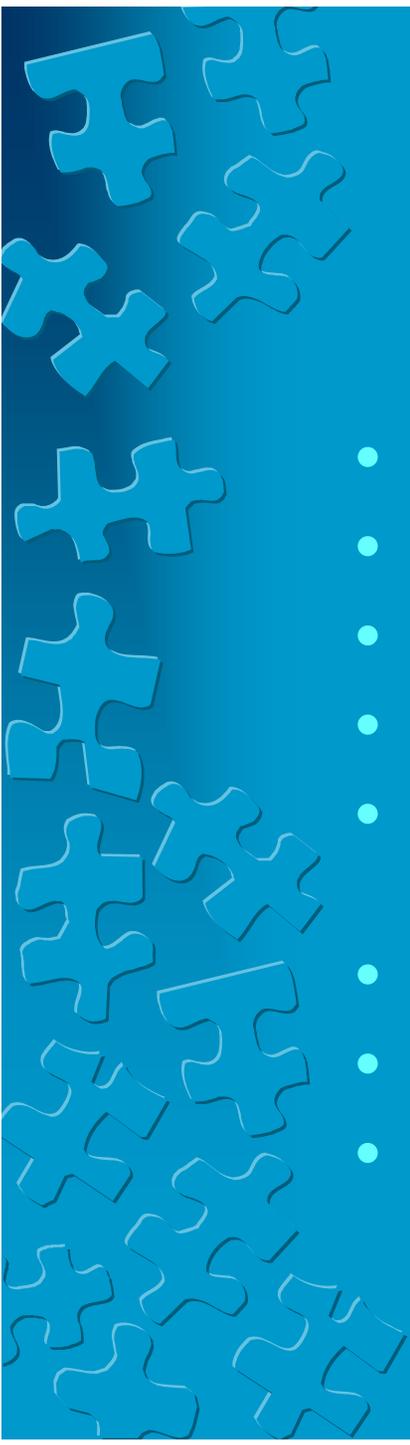


Completion of the Form I-9

Employment Eligibility Verification
US Citizenship and Immigration Services
(USCIS)

www.uscis.gov/I-9

Version 2/2008



Agenda

- New I9 Form dated 06/05/07
- Sample Completed Forms
- The One Day And Three Day Rule
- Who Should Sign The I-9
- How To Complete The Form For Foreign Nationals
- Penalties For Prohibited Practices
- Common Errors
- How To Avoid Harassment and Discrimination Penalties in an USCIS Audit



New I-9 Form dated 06/05/2007

- The new form dated 06/05/2007 must be used for all new hires effective December 27, 2007.
<http://www.uscis.gov/files/form/i-9.pdf>
- The employee is not obliged to provide his or her Social Security number in Section 1, unless the employer participates in E-Verify.
- Employers may now sign and retain Forms I-9 electronically.
- Note: The Spanish version of Form I-9 can be used for reference, but the form must be completed in English.
- For additional information, reference the Handbook for Employers, revised 11/01/2007.
<http://www.uscis.gov/files/nativedocuments/m-274.pdf>

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

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

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

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

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

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

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

Section 3. Updating 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, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	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.

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

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. 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
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
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	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last <u>EXAMPLE</u>	First <u>US</u>	Middle Initial <u>CITIZEN</u>	Maiden Name
Address (Street Name and Number) <u>201 FRONTIER RD</u>		Apt. #	Date of Birth (month/day/year) <u>06/15/1969</u>
City <u>BLACKSBURG</u>	State <u>VA</u>	Zip Code <u>24060</u>	Social Security # <u>123-45-6789</u>

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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature <u>US citizen</u>	Date (month/day/year) <u>8/16/07</u>
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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).

List A	OR	List B	AND	List C
Document title: _____		<u>Driver's License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>Virginia DMV</u>		<u>Social Security Admin</u>
Document #: _____		<u>T 23-45-6789</u>		<u>123-45-6789</u>
Expiration Date (if any): _____		<u>06-30-2020</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 8/16/07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jane Doe</u>	Print Name <u>JANE DOE</u>	Title <u>I9 Specialist</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Your Agency Name + Address Blacksburg, VA 24060</u>		Date (month/day/year) <u>8/16/07</u>

Section 3. Updating 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, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	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.

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

Who can you employ?

- Citizens of the U.S. including persons born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
- Nationals of the U.S. including persons born in American Samoa or Swains Island.
- Lawful Permanent Residents LPR – will have a LPR , Resident Alien, or Alien Card.
- Employment Authorization Card holders (beware of restrictions under terms and conditions).
- Certain non US citizens that have specific authorization to work at **your company**.

Colleges and Universities can hire:

- F-1 Students, J-1 Students and J-1 Non-students **that are enrolled or sponsored by their university.**
- Students can work a maximum of 20 hrs per week when school is in session. No maximum during school breaks and vacations so long as enrolled for the next term.
- During academic year, students must be enrolled fulltime
- Be sure you are hiring the student and NOT the F2 or J2 dependent. The forms are very similar, see examples.
- Check I-20 or DS-2019 to be sure the sponsoring school is listed as your school. If not, they **MUST** have **PRIOR** written permission from their sponsor to work at your school.
- Check I-20 or DS-2019 for begin and end dates.

F1 visa

Generally, can only be employed by their college

Form I-20

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):
First (given) Name: Middle Name:
Country of birth: KOREA, SOUTH Date of birth (mo/day/year): 03/27/1972
Country of citizenship: KOREA, SOUTH Admission number:
2. School (School district) name:
Virginia Polytechnic Institute and State University
Graduate School
School Official to be notified of student's arrival in U.S. (Name and Title):
Zelma Harris
Immigration Advisor
School address (include zip code):
Graduate School 0325
Sandy Hall
Blacksburg, VA 24061
School code (including 3-digit suffix, if any) and approval date:
WAS214F01228001 approved on 01/07/2003

3. This certificate is issued to the student named above for:
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in Hospitality Administration/Management.
The student is expected to report to the school no later than 08/16/2002 and complete studies not later than 05/15/2007. The normal length of study is 60 months.
6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:
a. Tuition and fees \$ 10,663.00
b. Living expenses \$ 7,200.00
c. Expenses of dependents (0) \$ 0.00
d. Other (specify): misc \$ 1,000.00
Total \$ 18,863.00

For Immigration Official User
SEVIS Student's Copy
N0000406242
Visa issuing post Date Visa Issued
Reinstated, extension granted to:

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7).
a. Student's personal funds \$ 0.00
b. Funds from this school \$ 0.00
Specify type:
c. Funds from another source \$ 19,000.00
Specify type: family
d. On-campus employment \$ 0.00
Total \$ 19,000.00
9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.
Zelma Harris Zelma Harris Immigration Advisor 04/08/2003 Blacksburg, VA
Name of School Official Signature of Designated School Official Title Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.
Name of Student Signature of Student Date 24 April 2003
Name of parent or guardian Signature of parent or guardian Address (city) (State or Province) (Country) (Date)
If student under 18

F2 VISA

Can not
be employed

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):		Dependent's Family Name (surname):	
First (given) Name:	Middle Name:	Dependent's First (given) Name:	Dependent's Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 09/16/1973	Dependent's Country of birth: CHINA	DOB(mo/day/year): 05/04/1973
Country of citizenship: CHINA	Admission number:	Dependent's Country of Citizenship:	Admission number:

2. School (School district) name: Virginia Polytechnic Institute and State University Graduate School		For Immigration Official User																						
School Official to be notified of student's arrival in U.S.(Name and Title): Jocelyn Navarro Student Services Assistant																								
School address (include zip code): Graduate School 0325 Sandy Hall Blacksburg, VA 24061																								
School code (including 3-digit suffix, if any) and approval date: WAS214F01228001 approved on 01/07/2003																								
3. This certificate is issued to the student named above for: Use by dependents for entering United States.		Visa issuing post																						
4. Level of education the student is pursuing or will pursue in the United States: DOCTORATE		Date Visa Issued																						
5. The student named above has been accepted for a full course of study at this school, majoring in <u>Entomology</u> . The student is expected to report to the school no later than <u>08/18/2001</u> and complete studies not later than <u>05/15/2006</u> . The normal length of study is <u>60</u> months.		Reinstated, extension granted to:																						
6. English proficiency: This school requires English proficiency. The student has the required English proficiency.		8. This school has information showing the following as the student's means of support, estimated for an academic term of <u>9</u> months (Use the same number of months given in item 7).																						
7. This school estimates the student's average costs for an academic term of <u>9</u> (up to 12) months to be:		<table border="0"> <tr> <td>a. Student's personal funds</td> <td>\$</td> <td><u>4,301.00</u></td> </tr> <tr> <td>b. Funds from this school</td> <td>\$</td> <td><u>20,699.00</u></td> </tr> <tr> <td colspan="3">Specify type: <u>Assistantship</u></td> </tr> <tr> <td>c. Funds from another source</td> <td>\$</td> <td><u>0.00</u></td> </tr> <tr> <td colspan="3">Specify type:</td> </tr> <tr> <td>d. On-campus employment</td> <td>\$</td> <td><u>0.00</u></td> </tr> <tr> <td>Total</td> <td>\$</td> <td><u>25,000.00</u></td> </tr> </table>		a. Student's personal funds	\$	<u>4,301.00</u>	b. Funds from this school	\$	<u>20,699.00</u>	Specify type: <u>Assistantship</u>			c. Funds from another source	\$	<u>0.00</u>	Specify type:			d. On-campus employment	\$	<u>0.00</u>	Total	\$	<u>25,000.00</u>
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Total	\$	<u>22,863.00</u>																						
10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.																								
Jocelyn Navarro		Student Services Assist- ant																						
Name of School Official		Signature of Designated School Official																						
		Date Issued																						
		Place Issued (city and state)																						
		04/08/2003 Blacksburg, VA																						
11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.																								
Name of Student		Signature of Student																						
		Date																						
Name of parent or guardian		Signature of parent or guardian																						
If student under 18		Address (city) (State or Province) (Country) (Date)																						

J1 visa

Generally, can only
be employed by
their college

Form DS-2019

U.S. Department of State				OMB APPROVAL NO. 1405-0119 EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS					
1. Family Name:		First Name:		Middle Name:	
Date of Birth (mm-dd-yyyy): 02-02-1977		City of Birth: Fethiya/Muola		Country of Birth: TURKEY	
Legal Permanent Residence Country Code: TU		Legal Permanent Residence Country: TURKEY		Position Code: 213	
U.S. Address: Virginia Tech Blacksburg, VA 24061		Position: UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS			
2. Program Sponsor: Virginia Polytechnic Institute and State University				Exchange Visitor Program Number: P-1-00071	
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period:			4. Exchange Visitor Category:		
From (mm-dd-yyyy): 04-01-2003			SHORT-TERM SCHOLAR		
To (mm-dd-yyyy): 07-01-2003			Subject/Field Code: 40.0501		
			Subject/Field Code Description: Chemistry, General		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor funds : \$5,000.00 Total : \$5,000.00					
6. U.S. DEPARTMENT OF STATE USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).				7. Ruth Athanson	
APR X 1 2003				Name of Official Preparing Form	
CLASS UNTIL <u>3/25/03</u>				Graduate School 0325	
				Blacksburg, VA 24061	
				Address of Responsible Officer or Alternate Responsible Officer	
				Ruth Athanson	
				Signature of Responsible Officer or Alternate Responsible Officer	
				Alternate Responsible Officer	
				Title	
				540-231-9561	
				Telephone Number	
				03-19-2003	
				Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					
Signature of Responsible Officer or Alternate Responsible Officer				Date (mm-dd-yyyy) of Signature	
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-424, AS AMENDED (see item 11(d) of page 2).					
The Exchange Visitor in the above program:					
1. <input type="checkbox"/> Not subject to the two-year residence requirement.					
2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on:					
A. <input type="checkbox"/> Government financing and/or					
B. <input checked="" type="checkbox"/> The Exchange Visitor Skills List and/or					
C. <input type="checkbox"/> PL 94-484 as amended					
(ALL USAID PARTICIPANTS G-2-424) AND ALL ALIEN PARTICIPANTS SPONSORED BY P-3-4516 ARE SUBJECT TO TWO-YEAR HOME RESIDENCE REQUIREMENT)					
Signature of Consular or Immigration Officer				Title	
Jennife Johnson				3/25/03	
				Date (mm-dd-yyyy)	
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.					
Signature of Applicant				Date (mm-dd-yyyy)	
				25-03-2003	
				Date (mm-dd-yyyy)	

J2 VISA

Can not
work.....

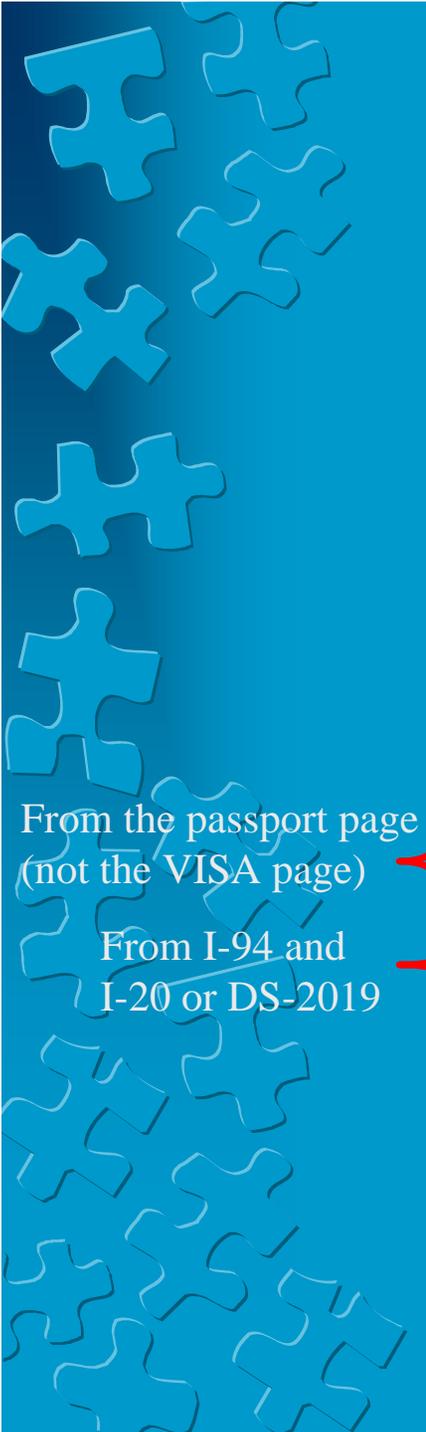
unless
has
EAD
card

U.S. Department of State					OMB APPROVAL NO. 1405-0119 EXPIRES: 03-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
1. J-2 Family Name:			J-2 First Name:	J-2 Middle Name:	J-2 Gender:	N0000537996
Date of Birth (mm-dd-yyyy): 10/02/1977			City of Birth: Hangzhou	Country of Birth: CHINA	Citizenship Country Code: CH	Citizenship Country: CHINA
Legal Permanent Residence Country Code: CH			Legal Permanent Residence Country: CHINA	Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS	
U.S. Address: Virginia Tech Blacksburg, VA 24061						
J-1 Family Name:			J-1 First Name:	J-1 Middle Name:	J-1 Gender:	
2. Program Sponsor: Virginia Polytechnic Institute and State University			Exchange Visitor Program Number: P-1-00071			
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE						
Purpose of this form: OTHER Initial printing.						
3. Form Covers Period:			4. Exchange Visitor Category:			
From (mm-dd-yyyy): 04-24-2003			RESEARCH SCHOLAR			
To (mm-dd-yyyy): 08-15-2003			Subject/Field Code: 14.1001			
			Subject/Field Code Description: Electrical, Electronics and Communications Engineering			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided in the exchange visitor by: Current Program Sponsor funds : \$16,600.00 Personal funds : \$4,600.00 Total : \$20,600.00						
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).			7. Ruth Athanson		Alternate Responsible Officer	
			Name of Official Preparing Form Graduate School 0325 Blacksburg, VA 24061		Title	
			Address of Responsible Officer or Alternate Responsible Officer		Telephone Number	
			<i>Ruth Athanson</i> Signature of Responsible Officer or Alternate Responsible Officer		4/24/03 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.						
Signature of Responsible Officer or Alternate Responsible Officer			Date (mm-dd-yyyy) of Signature			
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*)			
The Exchange Visitor in the above program:			*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.			
1. <input type="checkbox"/> Not subject to the two-year residence requirement.			(1) Exchange Visitor is in good standing at the present time			
2. <input type="checkbox"/> Subject to two-year residence requirement based on:			(2) Exchange Visitor is in good standing at the present time			
A. <input type="checkbox"/> Government financing and/or			(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)			
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or						
C. <input type="checkbox"/> PL 94-484 as amended						
Name			Title			
Signature of Consular or Immigration Officer			Date (mm-dd-yyyy)			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (c).						
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.						
Signature of Applicant			Virginia Tech		04/24/03	
			Place		Date (mm-dd-yyyy)	

Sample I-94 Card

Admission number to enter in Section 1

Departure Number		981747150 07		U.S. IMMIGRATION	
				080 DET 350	
Immigration and Naturalization Service		AUG 10 2000		ADMITTED UNTIL	
I-94 Departure Record				CLASS	
14. Family Name					
15. First (Given) Name			16. Birth Date (Day/Mo/Yr)		
			15 06 69		
17. Country of Citizenship		INDIA			
See Other Side		STAPLE HERE			



From the passport page
(not the VISA page)

From I-94 and
I-20 or DS-2019

OMB No. 1615-0047; Expires 06/30/08
Form I-9, Employment Eligibility Verification

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

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last EXAMPLE FOREIGN NATIONAL		First NATIONAL	Middle Initial	Maiden Name
Address (Street Name and Number) 201 FRONTIER RD		Apt. #		Date of Birth (month/day/year) 06/15/1990
City RICHMOND	State VA	Zip Code 23233		Social Security #

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A
- An alien authorized to work until **08/12/2010** (Alien # or Admission #) **98174715007**

Employee's Signature: **Foreign National** Date (month/day/year): **8/16/07**

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).

List A	OR	List B	AND	List C
Document title: Passport				
Issuing authority: India				
Document #: 91123395				
Expiration Date (if any): 07/01/2010				
Document #: 98174715007 (I-94) N-00040624 (I-20)				
Expiration Date (if any): DS 8/12/2010				

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) **8/16/07** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Jane Doe	Print Name JANE DOE	Title I9 Specialist
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Your Agency Name + Address		Date (month/day/year) 8/16/07

Section 3. Updating 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, provide the information below for the document that establishes current employment eligibility:

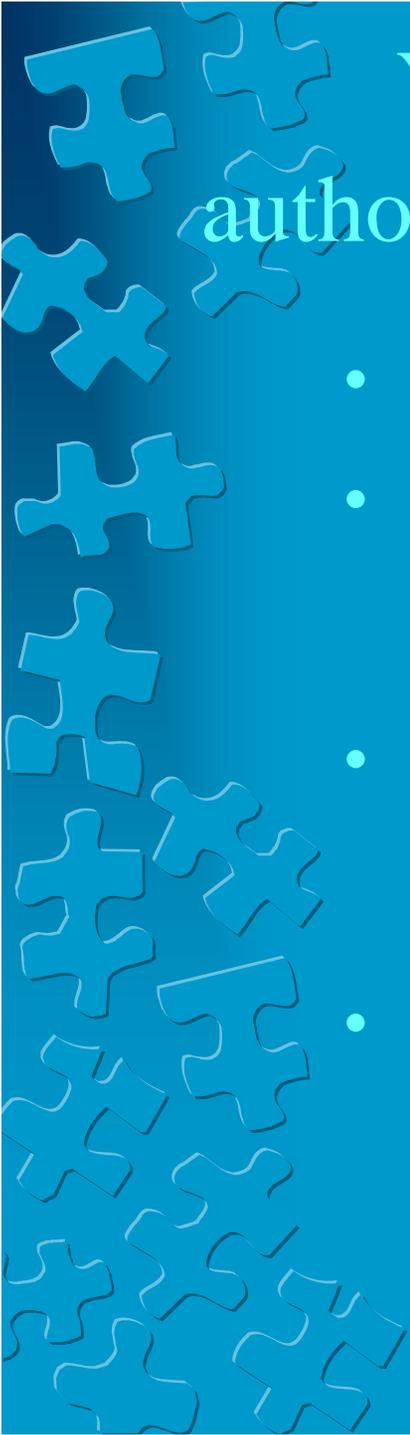
Document Title	Document #	Expiration Date (if any)
----------------	------------	--------------------------

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.

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

Example F1, J1

From I-20, DS-2019
From I-94 card



You can only employ those with authorization to work for **your company**

- **H-1B Specialty Occupation and,**
- **O-1 Persons of extraordinary ability**
Provided they have an unexpired
Form I-797A for your company
- **TN NAFTA** (for citizens of Canada and Mexico), your company name must be listed on the I-94 card.
- Others who have an unexpired Employment Authorization Card (EAD). EADs for **Optional Practical Training** have restrictions regarding field of study and degree requirements.

Notice of Action



RECEIPT NUMBER EAC-05-245-52586	CASE TYPE I129	PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE September 12, 2005	PRIORITY DATE	PETITIONER VIRGINIA DEPARTMENT OF
NOTICE DATE September 20, 2005	PAGE 1 of 1	BENEFICIARY
P MICHAEL KHOSLA ATTORNEY LAW OFFICES OF P MICHAEL KHOSLA & ASSOCIATES P C 11123 MONTGOMERY ROAD SUITE 202 CINCINNATI OH 45249		Notice Type: Approval Notice Class: H1B Valid from 10/01/2005 to 09/30/2008
<p>The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change of employment requires a new petition. Since this employment authorization stems from the filing of this petition, no separate employment authorization documentation is not required. Please contact the IRS with any questions about tax.</p> <p>The petitioner should keep the upper portion of this form. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, <i>Arrival/Departure Record</i>. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, <i>Application for Action on an Approved Application or Petition</i>, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this visa petition does not in itself change immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for admission to the United States, or for an extension, change, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE
 VERMONT SERVICE CENTER
 75 LOWER WELDEN STREET
 SAINT ALBANS VT 05479-0001
 Customer Service Telephone: (800) 375-5283
 Form I797A (Rev. 09/07/93)N



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

Detach This Half for Personal Records

Receipt # EAC-05-245-52586
 I-94# 069375231 10

NAME
 CLASS H1B

VALID FROM 10/01/2005 UNTIL 09/30/2008

PETITIONER: VIRGINIA DEPARTMENT OF
 101 N 14TH STREET
 RICHMOND VA 23219

069375231 10

Receipt Number EAC-05-245-52586
 Immigration and
 Naturalization Service

I-94
 Departure Record Petitioner: VIRGINIA DEPA

14. Family Name	
15. First (Given) Name	16. Date of Birth
17. Country of Citizenship	

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last <u>SAMPLE</u>	First <u>HIB</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>1 Lovely Lane</u>		Apt. #	Date of Birth (month/day/year) <u>01/31/60</u>
City <u>RICHMOND</u>	State <u>VA</u>	Zip Code <u>23233</u>	Social Security # <u>123-44-5566</u>

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 or national of the United States
- A lawful permanent resident (Alien #) A
- An alien authorized to work until 9/30/08
(Alien # or Admission #) 069 37 5231 10

Employee's Signature <u>HIB Sample</u>	Date (month/day/year) <u>8/30/07</u>
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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).

List A	OR	List B	AND	List C
Document title: <u>PASSPORT</u>		_____	_____	_____
Issuing authority: <u>INDIA</u>		_____	_____	_____
Document #: <u>9112233445</u>		_____	_____	_____
Expiration Date (if any): <u>7/1/2010</u>		_____	_____	_____
Document #: <u>06937523110</u>		_____	_____	_____
Expiration Date (if any): <u>9/30/08</u>		_____	_____	_____

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) 8/30/07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Your Name</u>	Print Name <u>YOUR NAME</u>	Title <u>Your Title</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Your Agency Name & Address</u>		Date (month/day/year) <u>8/30/07</u>

Section 3. Updating 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, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	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.

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

Example
H1 visa

From the passport page
(not the VISA page)

From I-94

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last <u>SMITH</u>	First <u>ADAM</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>123 MAIN ST</u>		Apt. #	Date of Birth (month/day/year) <u>11/10/71</u>
City <u>RICHMOND</u>	State <u>VA</u>	Zip Code <u>23228</u>	Social Security # <u>111-22-3333</u>
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A <input checked="" type="checkbox"/> An alien authorized to work until <u>5/13/96</u> (Alien # or Admission #) <u>A 123456789</u>	
Employee's Signature <u>Adam Smith</u>			Date (month/day/year) <u>2/15/96</u>

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

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).

List A	OR	List B	AND	List C
Document title: <u>Employment Authorization CARD</u>				
Issuing authority: <u>USCIS</u>				
Document #: <u>EAC 960050007</u>				
Expiration Date (if any): <u>5/13/96</u>				
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 2/15/96 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Your Signature</u>	Print Name <u>YOUR NAME</u>	Title <u>Your Title</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Your Agency Name + ADDRESS</u>		Date (month/day/year) <u>2/15/96</u>

Section 3. Updating 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, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	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.

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

Example
EAD card

Can not employ

- **F-2 Visa holder. Which is the spouse or child of an F-1 student**
- **J-2 visa holder that does not have an EAD card.**
- **Most other visa types**

If you hire someone that is not legal and they work, you must pay them to avoid also violating Labor Laws. Be sure to fully tax and issue a W2 form.



Review Summary

Section 1. Employee Information and Verification

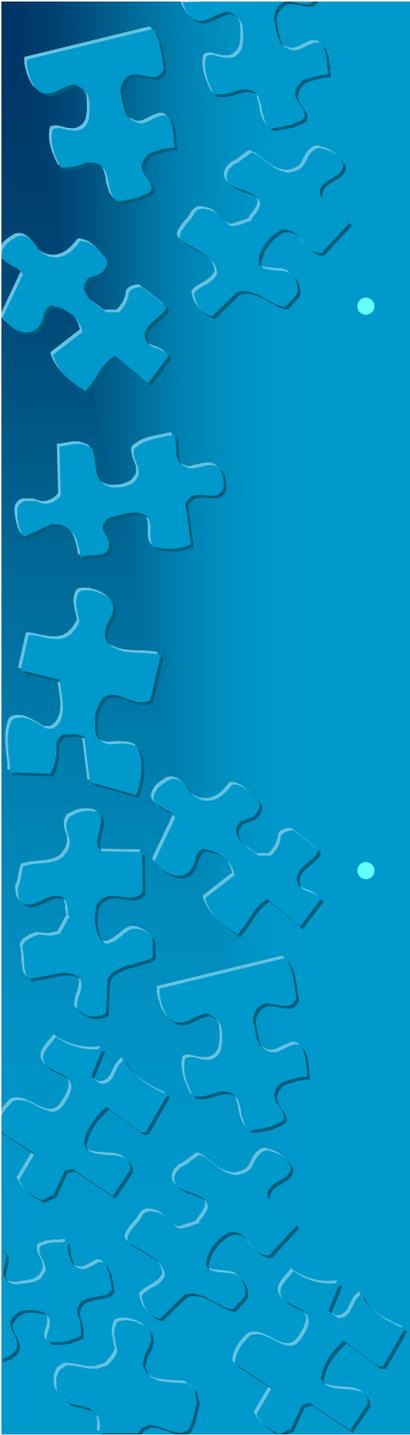
- To be completed and signed by employee prior to or on the first day of work.
- Check only one box.
- Complete all fields.

For Lawful Permanent Residents and Aliens authorized to work:

- Alien number and/or admission (departure) number must be completed, but employee is not required to present a document to complete section 1.

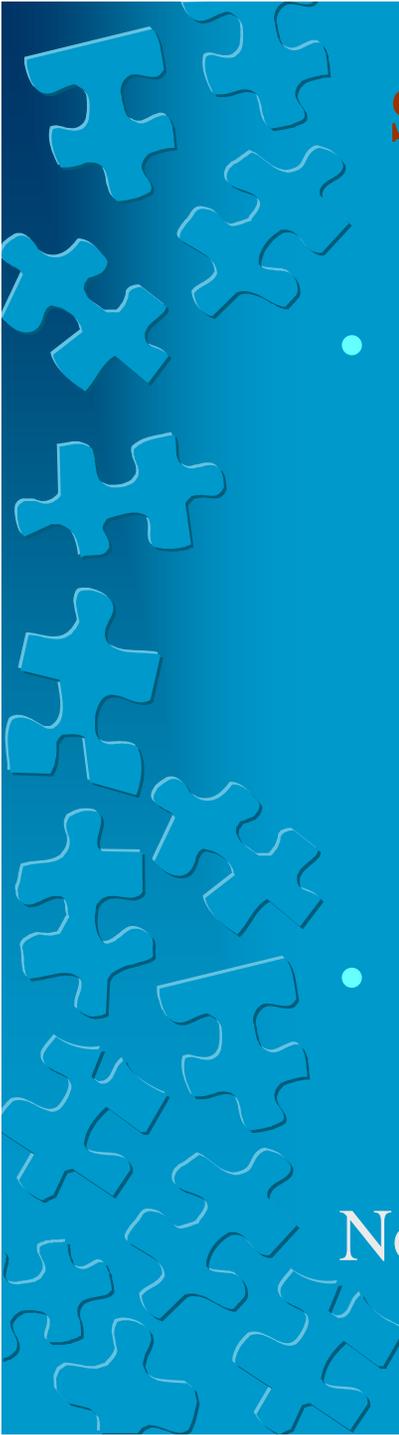
Section 2. Employer Review and Verification

- Must be completed before or within 3 business days of hire date
- Examine one document from List A **OR** examine one document from List B and one from List C. No more, no less. Doing more can result in being fined for **discrimination**.
- F1, J1, H1-B, and O-1 visa holders will usually present their passport and I-94.
- Use the first day of actual work as the employment begin date in the "CERTIFICATION" section.



Receipts

- If the employee cannot present the necessary documents for Section 2 within 3 days (because it is lost, stolen or destroyed), *they must present a receipt for the application for the replacement document within 3 days*. They then have 90 days from date of hire to present the actual documents.
- Record the receipt by writing the word “receipt” and any document number on the I9. When the employee presents the actual document, cross out the word “receipt” and any document number and insert the information from the actual document. Initial and date the change.



Section 3. Updating and Reverification

- For aliens with a work authorization ending date in Section 1:
 - Track the work ending date and ensure that employment is either terminated at that time or a new I9 is completed for the renewed work authorization.
- Reverifications (Section 3 C) and name changes (Section 3 A) are done in this section.

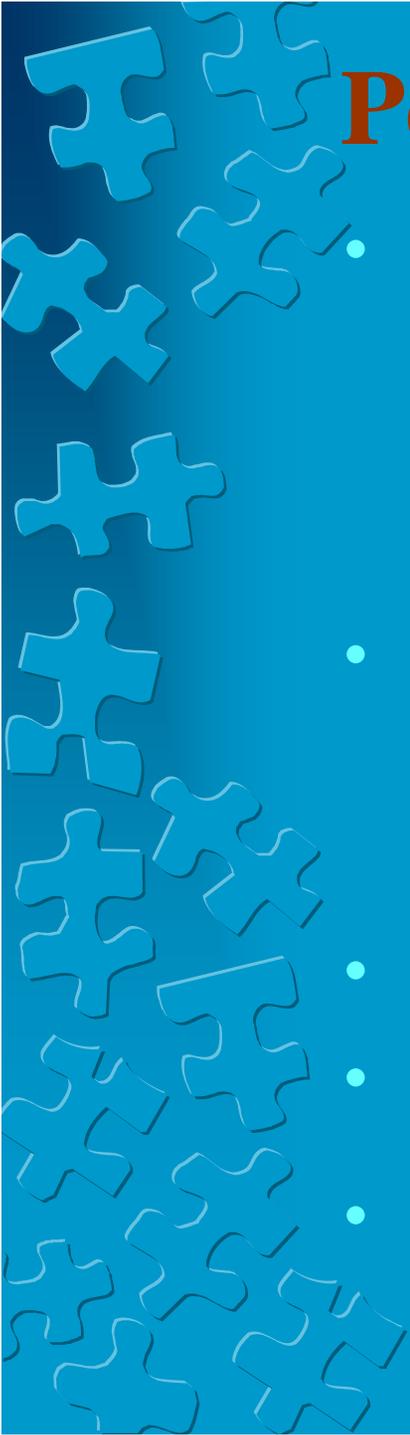
Note: List B identity documents, such as a driver's license, should not be reverified.



Who should sign the I-9?

I attest, under penalty of perjury, that...
the above-listed document(s) appear to be
genuine and to relate to the employee
named...

**Whoever saw the original documents
and the employee should sign the I-9.**



Penalties for Prohibited Practices

- Fine of not less than \$110 and not more than \$1,100 for each employee for whom the Form I-9 was not properly completed, retained and/or made available for inspection.
- Fines up to \$3,000 per employee and/or 6 months imprisonment for knowingly hiring or continuing to employ unauthorized aliens.
- Unlawful discrimination: \$275-\$11,000 fine
- Document fraud: \$275-\$5,500 fine
- In some cases they are charging managers with felonies.

Key Points for the I-9

Anti-discrimination Provisions

- You cannot request that an employee present more or different documents than are required.
- Also, cannot refuse to honor documents which on their face reasonably appear to be genuine and to relate to the person presenting them.
- The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Avoid Common Errors

If you enter any data in Section 1, be sure to complete the preparer certification

Complete list A using the passport page, do not use the visa page.

Do not leave the citizenship field blank.

Use the updated I9 form dated 06/05/07 for all new hires.

Be sure to enter the employment begin date.

Do not use copies or faxes to complete the I-9, use original documents only.

Have the employee complete Section 1 before or on the first day of employment.

Track expiration dates and be sure to reverify or terminate.

Do not use more documents than are required.

Do not use SS cards that have any wording other than the employee's name on it.

Do not back date (they are now using forensics to test the age of the ink!)

Avoid Common Errors

- To avoid **discrimination** penalties in an USCIS audit, do not keep copies of the I9 in the personnel files. File separately from all else.
- **Retain I-9's for all active employees.**
- Purge and destroy I-9's for terminated employees as follows: “retain completed I-9's for three (3) years after the date of hire or one (1) year after the date employment ends, **whichever is later.**”

If you have incorrect I-9's on file that could have been destroyed, but weren't, you can still be fined in an USCIS audit.

Correcting Errors

- Draw a single line through incorrect information
- Do not use white out or obliterate
- Write missing information or correct information nearby
- Date and initial by person making the correction
- Never back date



Per the January 2008 edition of the AHRS Periodical at <http://www.dhrm.virginia.gov/publications/ahrs/jan08/home.htm> questions about Forms I-9 and the employment of aliens should be addressed to your agency's assigned DHRM Agency Human Resource Services consultant.