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Web: http://www.isso.cornell.edu

APPOINTMENT AUTHORIZATION (I-9) Directions for Departments Appointing F-1 and J-1 Students

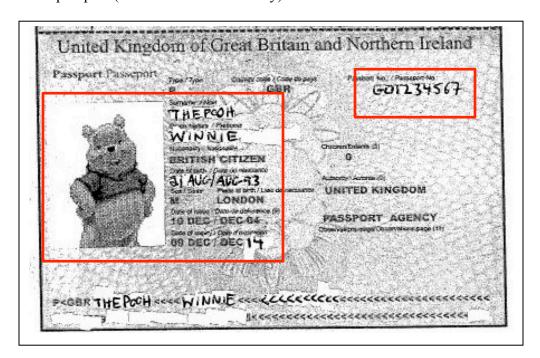
Background Information on I-9: All international students on F-1 or J-1 student visas must complete the U.S. federal I-9 before starting hourly student employment or graduate assistantships. The hiring department OR HR hub will complete this form. **NOTE:** International students may NOT be appointed for more than 20 hours per week during enrolled semesters.

Steps for I-9 Certification:

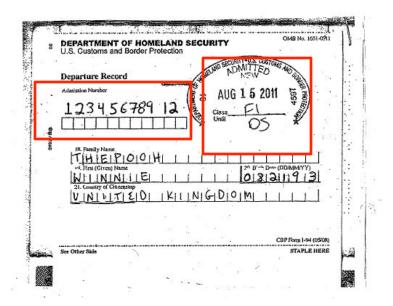
- 1) Student completes section 1 of the I-9 (page 1)
- 2) Appointing department or HR representative checks that the student has (a) valid passport (b) unexpired F-1 I-20 or J-1 DS-2019 (c) I-94 card **OR** a print out from the I-94 website www.cbp.gov/I94 and for SOME J-1 students, and employment or appointment letter (see below).
- 3) Appointing department or HR representative completes List A of section 2 of the I-9 and fills out the "certification" portion.
- 4) Appointing department or HR representative completes the "employment / appointment eligibility" ink stamp on page 2 of the I-9.
- 5) Appointing department or HR representative completes the J-1 student on campus appointment form for J-1 students and sends it to the ISSO by campus mail as explained on the form.

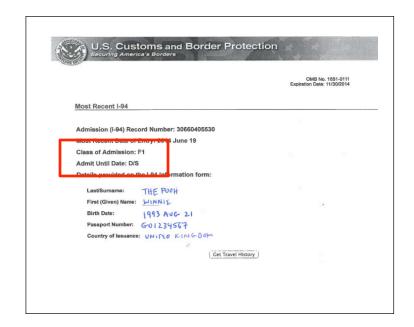
Samples of the Required Items:

1) Foreign national passport (used to establish identity):

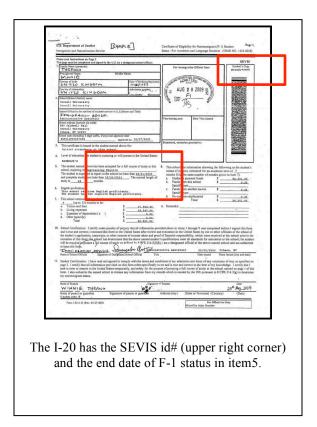


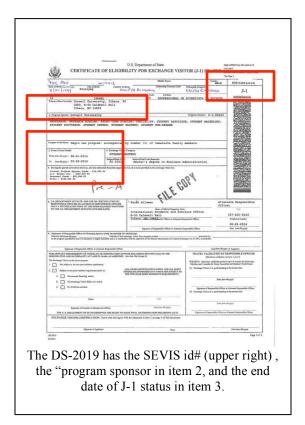
2) I-94 Card ("Departure Record,") **OR** a print out from the I-94 website www.cbp.gov/I94





3) and the I-20 or DS-2019 (8 $\frac{1}{2}$ x 11):

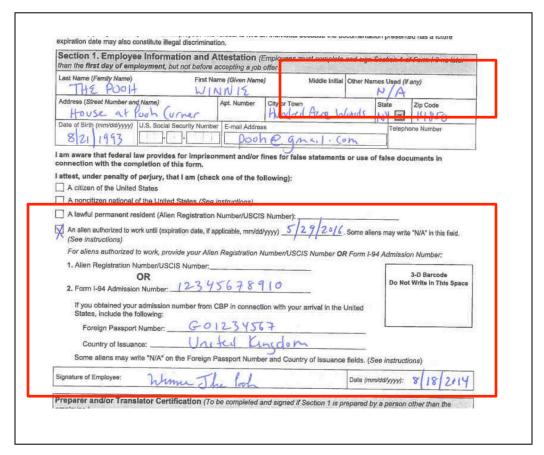




- 4) **LETTER from SPONSOR for some J-1 Students only:** J-1 students usually have DS-2019s with "Cornell University" listed as the sponsor in Item #2, but they also sometimes have different sponsors in Item 2 even thought they are attending Cornell. They might have "Fulbright" as a sponsor. If they have anyone other than Cornell as a sponsor in item 2, you also need to get a letter from the sponsor from the student in order to complete the I-9. The letter from the sponsor has to specifically authorize the specific hourly student employment or graduate assistantship and dates that the student will be appointed or else we cannot do the I-9. Appointing department or HR representative does NOT need to list that letter on the I-9. Copy that letter and send the copy with the J-1 student ON CAMPUS APPOINTMENT form to the ISSO.
- 5) **For J-1 Students only:** Complete J-1 student on campus appointment form and send by campus mail to the ISSO as directed on the form.

Completing the I-9:

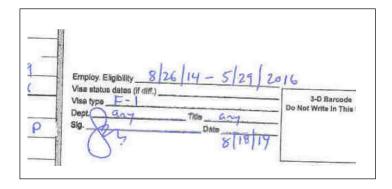
- 1) Student fills in "Section 1: Employee information" on page 1:
 - a. Make sure student puts "N/A" in "other names" if there is no other name.
 - b. It is okay if they do not have a social security number—can leave that blank.
 - c. You may need to direct them to check "An alien authorized to work until" and let them know that the date that goes on that line, is the "complete studies not later than" date in item 5 of the I-20 OR the "to" date in item 3 of DS-2019.
 - d. Below that line, student should fill in "2":
 - i. "Form I-94 Admission Number" which is the number on the top of their I-94 card **OR** on the print out from the I-94 website (www.cbp.gov/I94).
 - ii. In Section 2 under I-94 number, student includes passport number and country of issuance if student obtained the I-94 number when entering the U.S., or "N/A" if student obtained the number through a change of status within the U.S.
 - e. Make sure student signs and dates on page 1 of the form



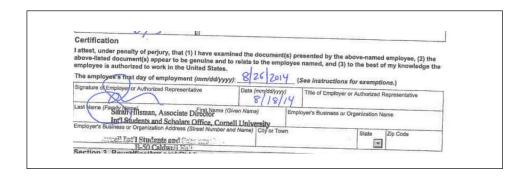
- 2) You, the appointing department administrator or HR representative, will also complete "Section 2: Employer review" on the page 2:
 - a. Include student name in the box at the top exactly as it appears on page 1.
 - b. Under "List A" first record the passport as detailed below.
 - c. For the second document, record the "I-20" or "DS-2019" include the "SEVIS ID #" from the upper right hand corner of the I-20 / DS-2019—it should be "N" followed by 10 digits, and end date of I-20 (Item 5) or DS-2019 (item 3).
 - d. For the 3rd document, record "I-94" as document title, "USCBP" as issuing agency, the actual I-94 or "arrival" number for "document number," and for expiration date, called "Admit Until Date" on I-94, write "D/S" which stands for duration of status.

	Idle Initial from Sect on 1: 115 0			
List A	111 € 18	soff, Winnie		
Identity and Employment Authorization	OR L st B	AND List C		
Document Title: Dass port	Document Title:	Employment Authorization Document Title:		
Issuing Authority:		bottmen rije.		
United Linida	Is uling Authority:	Issuing Authority:		
Document Number	Di cument Number:	Document Number:		
Expiration Date (if any) (mm/dd/yyyy):	NEW DOCUMENT	Expiration Date (If any) (mm/dd/yyyy):		
8 31 7020	Expiration Date (If any)(mm/dd/yyyy):			
Document Title:		MARKET 1		
ssuing Authority;				
adding Addictify,				
U.S. D. H.S	M			
		5. 181		
NO123456789	Employ Establish 8/2///	- 5/26/224		
NO123456789	Employ. Eligibility 8/26/14	- 5/29/2016		
N 0 1 2 3 1 5 6 7 8 9 Expiration Date (if any)(imm/dd/yyyy): 5 2 9 2 9 (Visa status dates (if diff.)	- 5 29 2016		
N 0 1 2 3 4 5 6 7 8 9 Expiration Date (if any)(imm/dd/yyyy): 5 2 9 2 9 1 (Document Title: T - 9 4	rise statue dates (if diff.)	3-D Barcode Do Not Write in This Space		
Expiration Date (if any)(mm/dd/yyyy): 5 2 9 2 0 (Document Title:	Visa status dates (if diff.) Visa type F- Dept. Gay Title	3-D Barcode Do Not Write In This Space		
Spiration Date (if any)(mm/dd/yyyy): 5 2 9 2 9 10 Document Title: I - 9 4 ssuing Authority: U.S. C.B. P	Visa status dates (if diff.) Visa type F- Dept. Gay Title	3-D Barcode Do Not Write in This Space		
NOT23 156 789 Expiration Date (if any) (mm/dd/yyyy): 5 2 9 2 0 1 (Recument Title: 1 - 9 9	Visa status dates (if diff.) Visa type F- Dept. Gay Title	3-D Barcode Do Not Write In This Space		

3) On the middle of the form, you will fill in the information required on the ink stamp included by the ISSO:



- a. "Employ. eligibility" = start date of hourly student employment or graduate assistantship through "complete studies" date on I-20 for F-1 students or ONE YEAR AFTER start date for J-1 students who have Cornell as the sponsor on the DS-2019 item 2, or end date listed on the sponsoring agency authorization letter for J-1 students who have a different sponsor in item 2 of the DS-2019.
- b. Ignore "visa status dates (if diff)" line—leave it blank.
- c. "Visa Type": enter "F-1" or "J-1 student"
- d. Dept. = [appointing department OR "any" for F-1 students and J-1 students with Cornell listed as sponsor in item 2]
- e. Title = [student hourly student employment or graduate assistantship title or "any" for F-1 students and J-1 students with Cornell listed as sponsor in item 2]
- f. Sign and date
- 4) Complete the section entitled "Certification":
 - a. Include the date the student started the hourly student employment or graduate assistantship.
 - b. Finally, just sign, date, include your name, title and office information.
 - c. The I-9's for student hourly appointments are to be submitted to the Student Employment Office for review/processing; I-9's for graduate appointments are to be submitted to HRIS for review/processing.
 - d. Forward the J-1 student on campus work form to the ISSO if applicable and include a copy of the appointment letter if the J student has an outside sponsor in item 2 of the DS-2019.





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J-1 Student On-Campus Appointment

This form must be filled out when a J-1 student is appointed for an hourly student employment or graduate assistantship. Please fill it out at the time of completing the I-9 and forward the completed form by campus mail to Sarah Hilsman, ISSO, B-50 Caldwell Hall. Thank you!

Department appointing student:
Department address:
How many hours per week will the student be appointed for?:
[Please note that international students in F-1 or J-1 status may not be appointed
more than 20 hours per week during semesters in which they are enrolled.]
Appointment title of on campus hourly student employment or graduate
assistantship:
Begin date:
End date [not more than one year from begin date]:



Employment Eligibility Verification

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

USCIS Form I-9DMB No. 1615-004

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 Informa than the first day of employment, but	it not before accepting a job	Employees must complete offer.)	and sign Section 1	of Form I-9 no late
Last Name (Family Name)	First Name (Given Name	e) Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)	Apt. Number	City or Town	State	Zlp Code
Date of Birth (mm/dd/yyyy) U.S. Social S	ecurity Number E-mail Addres	iss .		phone Number
am aware that federal law provides onnection with the completion of the	for Imprisonment and/or f	ines for false statements	s or use of faise de	ocuments in
attest, under penalty of perjury, tha	it I am (check one of the fo	llowing):		
A citizen of the United States		2)		
A noncitizen national of the United	States (See instructions)			
A lawful permanent resident (Alien		6 Number):		
An alien authorized to work until (expire (See instructions)				ite "N/A" in this field.
For aliens authorized to work, provi	ide your Alien Registration N	lumber/USCIS Number O I	R Form I-94 Admiss	ion Number
1. Alien Registration Number/USCI	S Number:		C Om P34 Admiss	
OR		-	-	3-D Barcode
2. Form I-94 Admission Number:			Do N	ot Write in This Spa
If you obtained your admission no States, include the following:			United	
Foreign Passport Number:				
Country of Issuance:				
Some aliens may write "N/A" on t			e fields. (See instruc	ctions)
gnature of Employee:			Date (mm/dd/yyyy):	
eparer and/or Translator Certifi	cation (To be completed a	nd signed if Section 1 is pi	repared by a persor	other than the
test, under penalty of perjury, that presents or the present or the second correct.	I have assisted in the com	pletion of this form and	that to the best of	my knowledge th
nature of Preparer or Translator:			Date (r	nm/dd/yyyy):
t Name (Family Name)		First Name (Giver	n Name)	·

Section 2. Employer or Authori (Employers or their authorized representative must physically examine one document from the "Lists of Acceptable Documents" on the ni issuing authority, document number, and expi	must complete List A OR exa	te and sign Section 2 mine a combination of is form. For each doc	vithin 3 busine fone documen	ss days of the at from List B a	employee's first day of employment. You nd one document from List C as listed on following information, document the
Employee Last Name, First Name and Midd	dle Initial from	n Section 1:			
List A Identity and Employment Authorization	OR	List B		AND	List C Employment Authorization
Document Title:	Docume	nt Title:		Docum	ent Title:
Issuing Authority:	Issuing /	Authority:		Issuing	Authority:
Document Number:	Docume	nt Number:		Docum	ent Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration	n Date (if any)(mm/do	//уууу):	Expirat	on Date (if any)(mm/dd/yyyy):
Document Title:				·	
Issuing Authority:				×	
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					
Document Title:	1111	Eligibility us dates (if diff.)			
Issuing Authority:	Visa type				
Document Number:	Dept.		Title		
Expiration Date (if any)(mm/dd/yyyy):		// // // // // // // // // // // // //	Date		
Certification					
I attest, under penalty of perjury, that (above-listed document(s) appear to be employee is authorized to work in the l	genuine an	id to relate to the e	ent(s) prese mployee na	ented by the med, and (3	above-named employee, (2) the) to the best of my knowledge the
The employee's first day of employment		ууу):	(See	instruction	s for exemptions.)
Signature of Employer or Authorized Represer	ntative	Date (mm/dd	<i>Уууу)</i> Т	itle of Employe	er or Authorized Representative
Last Name (Family Name)	First Nam	e (Given Name)	Employe	er's Business o	r Organization Name
Employer's Business or Organization Address	(Street Numb	er and Name) City o	Town		State Zip Code
Section 3. Reverification and Re	hires (To	be completed and	laned by em	plover or aut	horized representative)
A. New Name (if applicable) Last Name (Famil	ly Name) Firs	t Name (Given Name			tte of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment a presented that establishes current employments	authorization h	as expired, provide the	information for below.	the document	from List A or List C the employee
Document Title:		Document Number:			Expiration Date (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to t the employee presented document(s), the	he best of me	ny knowledge, this	employee is a	authorized to	work in the United States, and if
Signature of Employer or Authorized Represen		Date (mm/dd/yyyy):			yer or Authorized Representative: