

## Form I-9, Employment Eligibility Verification; Remote Hire Process

### Overview

The U.S. Citizenship and Immigration Service requires all employees to complete the Form I-9, Employment Eligibility Verification, to establish identity and employment eligibility. Many of the faculty, staff and administration hired by The University of Kansas Medical Center (KUMC) work at remote locations and are not able to present original documents to an employer representative. In these cases, we request the assistance of a notary public for the completion of the employer's section (Section 2) of the Form I-9 on our behalf.

**It is imperative that these instructions be completed as directed. Failure to complete the form as stated below will cause your offer of employment to be rescinded.**

### Section 1: Completed by the Employee

Employers are not allowed to correct any information in this section so it is very important that it be completed accurately.

1. Enter your full legal name and, for females, your maiden name. Be sure your name is in the order specified on the form.
2. Enter your current address and date of birth. Your physical address must be given; post office boxes are not acceptable.
3. Enter your city, state, ZIP Code, and Social Security number. Your Social Security number is required.
4. Read warning and attest to your citizenship or immigration status. Check only one box. If applicable to your status, please give your card number and expiration date.

5. Sign and date the form in the presence of the notary.
  - The list of acceptable documents to support employment eligibility can be found in the I-9 form instructions.
  - **The supporting documents must be unexpired, signed originals. The only exception is a certified copy of a birth certificate.**
  - Include a photocopy of the front **and** back (as applicable) of the supporting document(s) when returning the original form to KUMC.
  - The I-9 form and copies of the supporting document(s) must be returned via mail. Fax or e-mail is not acceptable.

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

OMB No. 1615-0047; Expires 08/31/12  
**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 work-authorized 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 I. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Doe	Jane	A	Jones
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
123 Main Street		15	12/06/1952
City	State	Zip Code	Social Security #
Washington	DC	20011	000-00-0000
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 checked="" type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (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

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## Section 2: Completed by the Notary

The notary is acting on KUMC's behalf and is stating that he/she has "examined the document(s) presented... the above-listed document(s) appear to be genuine." You must examine the document(s), and if they reasonably appear on their face to be genuine and to relate to the person presenting them, you must accept them. If the document(s) do not reasonably appear on their face to be genuine or to relate to the person presenting them, you must not accept them.

- Section 2 must be completed in its entirety to be acceptable as verification of employment eligibility. Exception: employment date.
- The employee can present either:
  - Any one document from List A **OR**
  - Two documents, one from List B (identity) **AND** one from List C (eligibility).

- The list of acceptable documents to support employment eligibility can be found in the I-9 form instructions.
- View the **unexpired, signed, original** document(s) the employee presents. The only exception is a certified copy of a birth certificate.
- 1. Record document title(s), issuing authority, document number, and the expiration date from original document(s) supplied by employee. All documents do have all of this information with the exception that List C documents may not have an expiration date. **NOTE:** You may use abbreviations for commonly used documents, e.g., DL for driver's license and SS for Social Security.
- 2. Attest to examining the documents provided by filling out the signature block and adding notary stamp/seal.
- Omit the employment date. The HR Manager will fill it in to make sure it is correct.

**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:	USA				
Document #:	12345678				
Expiration Date (if any):	10-20-2015				
Document #:					
Expiration Date (if any):					

**1** (circled) Document title: PASSPORT

**leave blank** (in red box) CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that 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
Jane Notary	JANE NOTARY	NOTARY SEAL
Business Organization Name and Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)	
THE NOTARY STORE, 123 MAIN ST, ANYTOWN, ST 01234	9-15-09	

**2** (circled) Signature of Employer or Authorized Representative: Jane Notary

**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)