Employment Eligibility Verification (Form I-9)

Office of Human Resources Management
1400 Washington Avenue, UAB 300
Albany, NY 12222
518-437-4700
www.albany.edu/hr

Revised 4/25/2013
Topics Covered:

● Purpose of the I-9
● Unlawful Discrimination
● Current edition of the form
● The I-9 form and timeline for each section
● Rehired and returning employees
● Reviewing Section 1
● Reviewing Section 2 documents
● Completing Section 2
● Useful links
Introduction: Purpose of the I-9

- The I-9 is used to document and verify that employees (hired after November 6, 1986) are eligible to work in the U.S.

- All U.S. employers are required to complete Form I-9 with any person hired to perform labor or services in the U.S. in return for wages or other remuneration.

- Using Form I-9, employees attest to their employment authorized status, and present their supporting documents to their employer.

- Employers attest that the supporting documents are genuine, and sufficiently demonstrate the employee’s identity and eligibility to work in the U.S.
Unlawful discrimination occurs when an employer treats employees differently based on their citizenship, immigration status or national origin in regard to hiring, firing, or recruitment.
Unlawful Discrimination

To avoid unlawful discrimination during the I-9 process:

- Never make assumptions about a person’s eligibility to work based on his or her name, place of birth, country of origin, ancestry, native language, accent, or because he or she is perceived as looking or sounding “foreign.”

- Never require that an employee complete the I-9 before an offer of employment has been made.

- Never refuse to accept a document, or refuse to hire an individual, because a document has a future expiration date.
Unlawful Discrimination

- Never require that an employee present specific documents.
  - Employees are free to choose any list A document or combination of lists B and C documents.
  - We may reject documents or request additional documents only when the presented documents are clearly inconsistent or insufficient.
Use the most current I-9…

Revision / Expiration Date:

- The Form I-9 currently in effect is the 3/8/13 revision. After 5/7/13, this is the only acceptable version.

- The 3/8/13 revision is a new, two-page document. Prior versions are only one page.

- The most current form can be found online:
  
The I-9 Form and Timeline

The I-9 has three sections:

● **Section 1.**

  **Employee Information and Attestation**

  Completed by the *employee* after a job offer is made and accepted, but no later than the first day of work.
Section 2.

Employer Review and Verification

- Completed by the employer after the employee section is complete, but no later than three business days after the first day of work.
- Employees have until the third business day after their first day of work to present their documents.
- Section 2 should be completed by the first day of work if the employee will work for less than three days.
The I-9 Form and Timeline

Section 3.

Updating and Reverification

- Completed by **OHRM** when necessary.
- I-9s are only updated or reverified when an employee’s work authorization needs to be updated.
- OHRM keeps track of employment authorization dates and contacts employees when the I-9 needs to be updated.
Rehired and Returning Employees

- All new hires are required to fill out the I-9.

- The University treats all rehired and returning employees with a break in service of more than 12 consecutive months as new hires for I-9 purposes.

- An approved paid or unpaid leave of absence is not considered a break in service for I-9 purposes.
Reviewing Section 1.

- Name, address, and date of birth are required fields.
- The SSN field does not have to be filled in if the employee does not have a SSN.
- Employees may begin working without a SSN.
- Employees are required to apply for a SSN once they have started working.
- Email and phone number are optional fields.
Reviewing Section 1.

- The employee must check the appropriate box attesting to U.S. citizenship, noncitizen national, permanent resident, or alien status.

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 noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): ___________________________
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____________________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ___________________________
   OR
2. Form I-94 Admission Number: ___________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

- Foreign Passport Number: ___________________________
- Country of Issuance: ___________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ___________________________
Date (mm/dd/yyyy): ___________________________
Reviewing Section 1.

- U.S. Citizens include persons born in the U.S., Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands.
- Noncitizen nationals include those born in American Samoa (see instructions for info).
- U.S. Permanent Residents must include their alien/USCIS number in section 1.
- Aliens authorized to work are temporary nonimmigrant visitors including (but not limited to) F-1, J-1 and H-1B visa holders.
Reviewing Section 1.

- Employees who check the last box, “alien authorized to work” should present their documents to Human Resources for completion of Section 2 (if they will be on State Payroll)*.

* Employees on Research Foundation payroll should complete the I-9 with RF personnel.
The employer uses this section to verify both the identity of the employee and the employee’s eligibility to work.

- Documents from List A establish both identity and eligibility to work.
- Documents from List B establish identity only
- Documents from List C establish employment authorization

All documents must be unexpired originals.
Reviewing Documents

- Review the documents to assure that they are:
  - on the list of acceptable documents
  - original and genuine
  - unexpired
  - consistent with the employee information in Section 1.
Checking for consistency – examples:

- If an employee checks the permanent resident box and presents a permanent resident card, the alien/USCIS number on the card should match the number provided in section 1. of the form.
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false document 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 noncitizen national of the United States (See instructions)
- [X] A lawful permanent resident (Alien Registration Number/USCIS Number): 0 0 0 0 0 0 0 0 0 0 0

- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Nun
If an employee checks the U.S. citizen box and presents a U.S. social security card as a List C document, the social security card should have no restrictions. A restricted card (see below) is not a valid List C document.
Acceptable Documents

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>List A: Documents that Establish Both Identity and Employment Authorization OR</td>
<td>List B: Documents that Establish Identity AND</td>
<td>List C: Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>3. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
</tbody>
</table>

UNIVERSITY AT ALBANY
State University of New York
# Lists of Acceptable Documents

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
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<tr>
<th>List A</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
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<tr>
<td></td>
<td>10. School record or report card</td>
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<td>11. Clinic, doctor, or hospital record</td>
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<td></td>
<td>12. Day-care or nursery school record</td>
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</tbody>
</table>

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

Refer to Section 2 of the instructions, titled “Employer or Authorized Representative Review and Verification,” for more information about acceptable receipts.
Completing Section 2.

- Once the employee’s documents have been reviewed each document title, number, and expiration date (if any) should be recorded in the appropriate List A or List B and List C sections (see the following examples).
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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: John Doe

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<tr>
<th></th>
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<tbody>
<tr>
<td>Document Title:</td>
<td>Drivers License</td>
<td>Document Title:</td>
<td>Certificate of Live Birth</td>
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</tr>
<tr>
<td>Issuing Authority:</td>
<td>State of New York</td>
<td>Issuing Authority:</td>
<td>NYS Dept of Health</td>
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<tr>
<td>Document Number:</td>
<td>123456789</td>
<td>Document Number:</td>
<td>123456789000</td>
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</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>06/14/2021</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
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</tr>
</tbody>
</table>

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): 9/1/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative

Jane A. Doe

Date (mm/dd/yyyy) 09/03/2013

Title of Employer or Authorized Representative Secretary 1

Last Name (Family Name) Doe

First Name (Given Name) Jane

Employer's Business or Organization Name University at Albany

City or Town Albany

State NY

Zip Code 12222

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) Doe First Name (Given Name) Jane

B. Date of Rehire (if applicable) (mm/dd/yyyy): 09/03/2013

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: Certificate of Birth Document Number: 123456789000 Expiration Date (if any)(mm/dd/yyyy): 06/14/2021

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: Jane A. Doe Date (mm/dd/yyyy): 09/03/2013 Print Name of Employer or Authorized Representative: University at Albany

3-D Barcode

Do Not Write in This Space
**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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<tr>
<td>Document Title: U.S Passport</td>
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<tr>
<td>Issuing Authority: U.S. Dept of State</td>
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</table>

**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): 9/1/2013 (See instructions for exemptions.)

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

**Signature of Employer or Authorized Representative:**

**Print Name of Employer or Authorized Representative:**

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.
# 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
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<tr>
<td>SUNY Card</td>
<td>Social Security Card</td>
<td>Social Security Administration</td>
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<td>Document Number:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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</tr>
</tbody>
</table>

**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):** 9/1/2013

**Signature of Employer or Authorized Representative:** Jane A. Doe

**Date (mm/dd/yyyy):** 09/03/2013

**Title of Employer or Authorized Representative:** Secretary 1

**Employer's Business or Organization Name:** University at Albany

**Address:** 1400 Washington Ave

**City or Town:** Albany

**State:** NY

**Zip Code:** 12222

# Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

**Document Title:**

**Document Number:**

**Expiration Date (if any)(mm/dd/yyyy):**

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 (mm/dd/yyyy):**

**Print Name of Employer or Authorized Representative:**

---

John Doe

9/1/2013

Jane A. Doe

09/03/2013

Secretary 1

University at Albany

12222

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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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

Employee Last Name, First Name and Middle Initial from Section 1: John Doe

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</thead>
<tbody>
<tr>
<td>Document Title: Permanent Resident Card</td>
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<tr>
<td>Issuing Authority: USCIS</td>
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<td>Document Number: 000-00-0000</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<tr>
<td>Date: 12/31/2020</td>
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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): 9/1/2013  
(See instructions for exemptions.)

Signature of Employer or Authorized Representative: Jane A. Doe  
Date (mm/dd/yyyy): 09/03/2013  
Title of Employer or Authorized Representative: Secretary 1

Last Name (Family Name): Doe  
First Name (Given Name): Jane

Employer's Business or Organization Name: University at Albany

Employer's Business or Organization Address (Street Number and Name): 1400 Washington Ave

City or Town: Albany  
State: NY  
Zip Code: 12222

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable) Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>B. Date of Rehire (if applicable) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:  
Document Number:  
Expiration Date (if any)(mm/dd/yyyy): 

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 (mm/dd/yyyy):  
Print Name of Employer or Authorized Representative:
Completing Section 2.

- **Certification:**
  - Be sure to enter the employee’s first day of work. For I-9 purposes, this is the day that work actually begins, which is not necessarily the payroll date.

- **Sign, print your name, title, office address, and date the form.**
Questions:

- A more comprehensive I-9 handbook can be found online: http://www.uscis.gov/files/form/m-274.pdf

- You may send any questions to Human Resources: ohrm@albany.edu