



2024 I-9 Compliance Training

UW-Madison Office of Human Resources
Workforce Relations
HR Compliance



HR Compliance



- HireRight User Access
 - Adding users
 - Remove users
 - Password Reset
 - Reactivate User Accounts
- I-9
 - Questions
 - Audits
 - Compliance
 - Completion assistance via Teams or Email

Non-Compliance Leads to Penalties



To ensure that employers take Form I-9 compliance violations seriously, ICE increased the scope and frequency of [I-9 inspections](#) and that continues to be the trend in present times.

I-9 violations may result in civil and criminal penalties. Civil fines for I-9 paperwork violations range from [\\$272 to \\$2,701](#) per violation and the fine increases with each repeated violation. If it turns out that an employer knowingly hired or continued to employ a worker without work authorization, the penalties to pay range from \$676 to \$27,018 per worker.



I-9 Timeline

1

Employee accepts offer for employment

2

Employee completes section 1 no later than their first day of work for pay

3

Employer completes section 2 no later than the 3rd business day employee starts work for pay

4

Monitor employee's need for updated work authorization and breaks in service

5

If employee's work authorization expires, complete Supplement B

Exceptions to completing an I-9



You are required to complete and retain a Form I-9 for every employee you hire for employment in the United States, except for:

- Individuals hired on or before Nov. 6, 1986
- Independent contractors
- Individuals not physically working in the U.S.



I-9s Not Needed for Certain Titles

- Titles that do not need an I-9 completed
 - Zero Dollar Appointments (Honorary Fellow/Associate) and
 - Any of the following titles

Job Codes with 5 Digits	Title	1 to 1 crosswalk (only out of scope jobs)
PD001	Graduate Intern/Trainee	X75NN
PD003	Postdoctoral Fellow	X10NN
PD004	Postdoctoral Trainee	X30NN
SA001	Advanced Opportunity Fellow	Y26NN
SA002	Fellow	Y21NN
SA010	Scholar	Y22NN
SA013	Trainee	Y23NN



Initiate I-9 Section 1

1

*Employee accepts offer for
employment*

2

*Employee completes section 1 no
later than their first day of work for
pay*

Search for Existing I-9



Before initiating a new I-9:

- Search HireRight to see if the employee already has an I-9 on file.
- To do a partial name search, enter a few letters from the first or last name and a % sign.

A screenshot of the HireRight web application interface. On the left, there is a sidebar with the HireRight logo, a bell icon for 'Alerts', and an information icon for 'Announcements' with a red badge indicating '2 NEW'. The main area on the right features a search bar with the placeholder text 'E.g, Joe, Jo%, ab-123456' and a magnifying glass icon. Below the search bar is a blue button labeled 'Screening Manager'. The search bar and its contents are circled in yellow.

I-9 Duplicate Warning



I-9 Employment Eligibility Form

Warning

An I-9 Form may have already been ordered for this employee. In most cases, only one I-9 Form should be on file per employee. Please ensure that the I-9 Form that you are trying to create is not a duplicate record. You can review the duplicates below using the individual "Review" links or [click here](#) to delete this order that you are creating. Alternatively, you can continue creating the I-9 Form.

- The system checks the following for duplicate information:
 - Email address
 - Social Security Number
 - Combination of Name (First Name and Last Name only) & Start Date
 - Combination of Name (First Name and Last Name only) & DOB
 - Combination of DOB & Start Date
- If there is a match, then the system shows duplicate search warning.
- **Warning may appear for recently deleted I-9s**
- If new hire is not found, add a new record.

Employee's Responsibility—Section 1



- Full legal name
- Other legal last names used
- Address
- Date of birth
- Employees must check the appropriate citizenship box
- Signature and the date
- Additionally, employees may provide:
 - Social Security number
 - E-mail address (required for email notices to be sent to employees)
 - Telephone number

See appendix for more detail



Completing I-9 Section 2

3

Employer completes section 2 no later than the 3rd business day employee starts work for pay

“3rd Day of Work”



Monday

Employee Starts
Work

Tuesday

Day 1

Wednesday

Day 2

Thursday

Day 3

Friday

Employee Starts
Work

Monday

Day 1

Tuesday

Day 2

Wednesday

Day 3

Employee's Responsibility—Section 2



- Employee must present **unexpired** original documentation to the employer to verify their identity and employment authorization.
- The employee chooses which acceptable documentation to present.

List A

- Establishes both Identity and Employment Authorization.
- Employees presenting acceptable List A document(s) should not be asked to present any other document.

OR

List B

- Establishes Identity only.
- Employees who present a List B document must also present a List C document.

AND

List C

- Establish Employment Authorization only.
- Employees present a List C document must also provide a List B document.

Employer's Responsibility—Section 2



- Review **Employee Provided Information (Section 1)** to be sure you have the correct employee's I-9, it appears to be completed accurately, and matches the provided documentation.
- If you find an error/errors in Section 1, you must send Section 1 back to the employee for correction before entering any information in Section 2.

Name of employee

John Doe

Citizenship or immigration status

A citizen of the United States

▼ Employee Provided Information

Name of employee

Legal first name (given name): John

Legal last name (family name): Doe

Do you have a legal middle initial? No

I certify that I do not have a middle initial: ✓

Have used any other last names? No

I certify that I have not used any other last names (if checked "N/A" will be displayed in the Other Last Names Used field of Section 1): ✓

Employee home address

Country: USA

Street number and name: 111 Address Street

Do you have an apartment or suite number? No

I certify that I do not have any apartment number (if checked "N/A" will be displayed in the Apt. Number field of Section 1): ✓

City or town: Irvine

State: California

Zip Code: 92612

Date of birth

Month: January

Day: 01

Year: 1989

Email address

Would you like to provide your email address? No

Employer's Responsibility—Section 2



While meeting with the employee:

- Any document(s) your employee presents must be original and on the [List of Acceptable Documents](#)
- Physically examine each document to determine if it reasonably appears to be genuine and relates to the employee presenting it.

If your employee:	Then you should:	Tips
Provides a document that does not reasonably appear to be genuine or relate to the employee or is not on the Lists of Acceptable Documents	Reject the document and ask your employee to provide other document(s) that satisfy Form I-9 requirements	The standard is reasonableness. You are not expected to be a document expert

- Enter all information directly from the documents into HireRight



Examples

Typical “Non-Citizen Authorized to Work” documents (Foreign Nationals)

H-1B | Passport



Do you want to provide a visa number? This is optional and will only be used for E-Verify.

☐ Yes

☒ No

Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

Andorra

Passport Number

Foreign Passport Number can contain 6-12 alpha-numeric characters. Do not include dashes or spaces.

AAA000001

Does this document have an expiration date?

☒ Yes

☐ No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

January

Day

13

Year

2025

H-1B | I-797A



Double check the employer is UW Madison



THE UNITED STATES OF AMERICA
I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Case Type: I129 - PETITION FOR A NONIMMIGRANT WORKER
Petitioner: UNIV OF WI SYSTEM/MADISON
Beneficiary: [REDACTED]

Notice Date: 03/11/2022
Page: 1 of 2

UNIV OF WI SYSTEM/MADISON
c/o INTL FACULTY & STAFF SERVICES
21 N PARK STREET STE 5101
MADISON WI 53715

Notice Type: Approval Notice
Class: H1B
Valid from: 08/07/2022 | 01/01/2025

The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when 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 based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action as an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

This approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

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

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/foe-online>.

California Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 38114
Laguna Niguel, CA 92607-0111
USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM IN PRINTED BOLD AND STAPLE TO ORIGINAL LINE IF AVAILABLE

Detach This Half for Personal Records

I-94 #61555886062

CLASS: H1B
VALID FROM: 08/07/2022 **UNTIL:** 01/01/2025
PETITIONER:
UNIV OF WI SYSTEM/MADISON,
21 N PARK STREET 5101
MADISON WI 53715

Receipt Number: [REDACTED]
US Citizenship and Immigration Services

I94 Departure Record
Petitioner: UNIV OF WI SYSTEM/MADISON

Name: [REDACTED]
Gender: [REDACTED]
Birth: [REDACTED]
Month: [REDACTED]
Day: [REDACTED]
Year: 08/07/2022
Country of Citizenship: Andorra

Document Title

I-94

I-94 Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

U.S. Citizenship and Immigration Services

I-94 Document Number

Form I-94 Admission Number is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not include dashes or spaces.

61555886062

Does this document have an expiration date?

☒ Yes

☐ No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

January

Day

01

Year

2025

Does the employee have a student or academic visa?

☐ Yes

☒ No

Han Solo



- H-1B
- Passport
 - Andorra
 - AAA000001
 - EXP 01/13/2025
- I-94
 - 61555886062
 - EXP 01/01/2025

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1	Foreign Passport, work-authorized nonimmigrant		N/A
Issuing Authority	Andorra		N/A
Document Number (if any)	AAA000001		N/A
Expiration Date (if any)	01/13/2025		N/A
Document Title 2 (if any)	I-94	Additional Information	
Issuing Authority	U.S. Citizenship and Immigration Services		
Document Number (if any)	61555886062		
Expiration Date (if any)	01/01/2025		
Document Title 3 (if any)	N/A		
Issuing Authority	N/A		
Document Number (if any)	N/A		
Expiration Date (if any)	N/A	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy): 03/05/2024
Last Name, First Name and Title of Employer or Authorized Representative Andersen Emily Compliance Specialist		Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) PST 02/23/2024 08:25:55 PST
Employer's Business or Organization Name University of Wisconsin		Employer's Business or Organization Address, City or Town, State, ZIP Code 21 N Park Street Suite 5101 WI 53715	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

J-1 | Passport



Do you want to provide a visa number? This is optional and will only be used for E-Verify.

☐ Yes

☒ No

Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

United Kingdom

Passport Number

Foreign Passport Number can contain 6-12 alpha-numeric characters. Do not include dashes or spaces.

605100803

Does this document have an expiration date?

☒ Yes

☐ No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

January

Day

24

Year

2050

J-1 | I-94



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number **012345678A3**

Most Recent Date of Entry: 2022 August 17

Class of Admission : J1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : SKYWALKER
First (Given) Name : LUKE
Birth Date : 1990 May 04
Document Number : 605100803
Country of Citizenship : United Kingdom

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

Do Not Use

OMB No. 1651-0111
Expiration Date: 07/31/2025

Document Title

I-94

I-94 Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

U.S. Customs and Border Protection

I-94 Document Number

Form I-94 Admission Number is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not include dashes or spaces.

012345678A3

Does this document have an expiration date?

☒ Yes

☐ No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

July

Day

31

Year

2025

J-1 | DS-2019



Double check the program sponsor is
UW Madison

2

U.S. Department of State

OMB APPROVAL NO.1405-0119

EXPIRES: 10/31/2020

ESTIMATED BURDEN TIME: 45

*See Page 2

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

1. Surname/Primary Name: Skywalker		Given Name: Luke		Gender: MALE	1	N0012345678
Date of Birth (mm-dd-yyyy): 05-04-1990	City of Birth: LONDON	Country of Birth: UNITED KINGDOM	Citizenship Country Code: UK	Citizenship Country: UNITED KINGDOM	4	J-1
Legal Permanent Residence Country Code: UK		Legal Permanent Residence Country: UNITED KINGDOM	Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS		
Primary Site of Activity: College of Engineering 1415 Engineering Drive Suite 2205 Madison, WI 53706						
2. Program Sponsor: University of Wisconsin-Madison					Program Number: P-1-00105	
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; 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): 08-01-2023		RESEARCH SCHOLAR				
To (mm-dd-yyyy): 07-31-2025		Subject/Field Code: 14.0804 Subject/Field Code Remarks: Transportation and Highway Engineering				
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 : \$50,000.00 Total : \$50,000.00						

Does the employee have a student or academic visa?

☒ Yes

☐ No

Form Type

For example, I-20 or DS-2019, etc.

DS-2019

Document Number

If you provided Form I-20 or DS-2019 in the Form Type field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019.

1 N0012345678

Issuing Authority

Enter the issuing authority of the document you provided in the Form Type field. The issuing authority is the agency that issued the document.

2 U.S. Department of State

Expiration Date

Only unexpired documents are acceptable. If you provided Form I-20 or DS-2019 in the Form Type field, enter the employment end date as indicated on the Form I-20 or DS-2019.

Month

3 July

Day

31

Year

2025

Visa Type


For example, F-1 or J-1, etc.

4 J-1

Luke Skywalker



- J-1
- Passport
 - UK
 - 605100803
 - EXP 1/24/2050
- I-94
 - 012345678A3
 - EXP 07/31/2025
- DS-2019
 - N0012345678
 - EXP 07/31/2025

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box: see Instructions.			
	List A	OR	List B AND List C
Document Title 1	Foreign Passport, work-authorized nonimmigrant		N/A
Issuing Authority	United Kingdom		N/A
Document Number (if any)	605100803		N/A
Expiration Date (if any)	01/24/2050		N/A
Document Title 2 (if any)	I-94	Additional Information	
Issuing Authority	U.S. Customs and Border Protection		
Document Number (if any)	012345678A3		
Expiration Date (if any)	07/31/2025		
Document Title 3 (if any)	DS-2019		
Issuing Authority	U.S. Department of State		
Document Number (if any)	N0012345678		
Expiration Date (if any)	07/31/2025	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy): 03/05/2024
Last Name, First Name and Title of Employer or Authorized Representative Andersen Emily Compliance Specialist		Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 02/23/2024 11:41:24 PST
Employer's Business or Organization Name University of Wisconsin		Employer's Business or Organization Address, City or Town, State, ZIP Code 21 N Park Street Suite 5101 WI 53715	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

2025

F-1 | I-94



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number **012345678A3**

Most Recent Date of Entry: 2022 August 17

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : CHEWBACCA

First (Given) Name : FNU

Birth Date : 1975 April 06

Document Number : AAA000001

Country of Citizenship : Spain

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

Do Not Use

OMB No. 1651-0111
Expiration Date: 07/31/2025

Document Title

I-94

I-94 Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

U.S. Customs and Border Protection

I-94 Document Number

Form I-94 Admission Number is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not include dashes or spaces.

012345678A3

Does this document have an expiration date?

☒ Yes

☐ No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An expired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

May

Day

30

Year

2025

F-1 | I-20



Double check the school is UW Madison

Department of Homeland Security

U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status

OMB NO. 1653-0038

SEVIS ID: N0012345678

SURNAME/PRIMARY NAME

Chewbacca

PREFERRED NAME

Chewbacca

COUNTRY OF BIRTH

SPAIN

DATE OF BIRTH

04 APRIL 1975

FORM ISSUE REASON

CONTINUED ATTENDANCE

GIVEN NAME

FNU

PASSPORT NAME

COUNTRY OF CITIZENSHIP

SPAIN

ADMISSION NUMBER

LEGACY NAME

Class of Admission

F-1

ACADEMIC AND
LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

University of Wisconsin-Madison
University of Wisconsin-Madison

SCHOOL ADDRESS

217 Red Gym, 716 Langdon Street, Madison, WI 53706

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Kathleen Finnegan
International Student Advisor

SCHOOL CODE AND APPROVAL DATE

CHI214F20246000
03 APRIL 2015

PROGRAM OF STUDY

EDUCATION LEVEL

BACHELOR'S

MAJOR 1

History and Philosophy of Science
and Technology 54.0104

MAJOR 2

None 00.0000

PROGRAM ENGLISH PROFICIENCY

Required

ENGLISH PROFICIENCY NOTES

Student is proficient

EARLIEST ADMISSION DATE

04 APRIL 2023

START OF CLASSES

01 JUNE 2023

PROGRAM START/END DATE

04 MAY 2023 - 30 MAY 2025

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS

Tuition and Fees \$ 15,000
Living Expenses \$ 4,000
Expenses of Dependents (0) \$ 0
Other \$ 0

TOTAL

\$ 19,000

STUDENT'S FUNDING FOR: 9 MONTHS

Personal Funds \$ 19,000
Funds From This School \$
Funds From Another Source \$
On-Campus Employment \$

TOTAL

\$ 19,000

REMARKS

SCHOOL ATTESTATION

Does the employee have a student or academic visa?

☒ Yes

☐ No

Form Type

For example, I-20 or DS-2019, etc.

I-20

Document Number

If you provided Form I-20 or DS-2019 in the Form Type field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019.

N0012345678

Issuing Authority

Enter the issuing authority of the document you provided in the Form Type field. The issuing authority is the agency that issued the document.

Department of Homeland Security

Expiration Date

Only unexpired documents are acceptable. If you provided Form I-20 or DS-2019 in the Form Type field, enter the employment end date as indicated on the Form I-20 or DS-2019.

Month

May

Day

30

Year

2025

Visa Type

For example, F-1 or J-1, etc.

F-1

Chewbacca



- F-1
- Passport
 - Spain
 - AAA000001
 - EXP 01/01/2025
- I-94
 - 012345678A3
 - EXP 05/30/2025
- I-20
 - N0012345678
 - EXP 05/30/2025

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1	Foreign Passport, work-authorized nonimmigrant		N/A
Issuing Authority	Spain		N/A
Document Number (if any)	AAA000001		N/A
Expiration Date (if any)	01/01/2025		N/A
Document Title 2 (if any)	I-94	Additional Information	
Issuing Authority	U.S. Customs and Border Protection		
Document Number (if any)	012345678A3		
Expiration Date (if any)	05/30/2025		
Document Title 3 (if any)	I-20		
Issuing Authority	Department of Homeland Security		
Document Number (if any)	N0012345678	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Expiration Date (if any)	05/30/2025		
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy): 03/05/2024
Last Name, First Name and Title of Employer or Authorized Representative Andersen Emily Compliance Specialist		Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 02/23/2024 12:31:47 PST
Employer's Business or Organization Name University of Wisconsin		Employer's Business or Organization Address, City or Town, State, ZIP Code 21 N Park Street Suite 5101 WI 53715	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Retention



Retaining Form I-9

- Must have an I-9 for all current employees UW-Madison.
- Federal regulations require retaining the Form I-9 for three years after the date of hire, OR one year after the date employment ends, whichever is later (i.e., after the termination).
- To calculate how long to keep a Form I-9:

1. Date the employee began work for pay	1. _____
A. Add 3 years to the date on line 1.	A. _____
2. The date employment was terminated	2. _____
B. Add 1 year to the date on line 2.	B. _____
3. Which date is later; A or B?	3. _____
C. Enter the later date.	C. _____

[Downloadable Retention Calculator](#)



Rehires and Reverifications

Supplement B (Formerly Section 3)

4

Monitor employee's need for updated work authorization and breaks in service

5

If employee's work authorization expires, complete Supplement B

Using the I-9 Process Tool



Created to help UW-Madison I-9 administrators with Supplement B (Formerly Section Three) completion.


Link to the I-9 Tool is located at our website location:

[HireRight – Human Resources – UW–Madison \(wisc.edu\)](#)


Supplement B Reverification - Examples




H-1B

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
N/A	N/A	N/A	N/A
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)	
Foreign Passport, work-authorized nonimmigrant	AAA000001 61555886062	01/13/2025 01/01/2025	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Emily Andersen		02/20/2024 12:04:02 PST	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

F-1

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
N/A	N/A	N/A	N/A
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)	
Foreign Passport, work-authorized nonimmigrant	AAA000001 012345678A3	01/01/2025 05/30/2025	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Emily Andersen		02/20/2024 12:10:50 PST	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

J-1

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
N/A	N/A	N/A	N/A
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)	
Foreign Passport, work-authorized nonimmigrant	605100803 012345678A3	01/24/2050 07/31/2025	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Emily Andersen		02/20/2024 12:16:28 PST	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

****Please note – Entry of documentation into the HireRight system is the same as Section 2**

Reciprocal or Proxy (Authorized Representative)



- If an employee does not work in Madison, we still must complete an I-9 for them and **physically** inspect the documents.
- We may assign a proxy or authorized representative to complete the I-9 on behalf of UW-Madison in the HireRight system.
- Authorized representatives must carry out full Form I-9 responsibilities.
- Employees **cannot** act as authorized representatives for their own Form I-9.
- Employers are still liable for any violations.

You may reach out to the HR Compliance inbox to request a list of proxy representatives for I-9 completion or with proxy related questions.

hrcompliance@ohr.wisc.edu

Paper I-9 Collection



Please upload all paper I-9s stored in departments and divisions to our Secure BOX folder:

[HR Compliance Secure Box Folder](#)

*Please label each uploaded I-9 with the employee's name and EMPL ID

(example: SKYWALKER 00123456 – PAPER I-9)

I-9 Compliance Updates/Reminders



- If an employee started work outside of the United States, the start date in Section 2 should be the date that the employee reports for active employment inside the United States. A note must be added to the I-9 to advise the employee had been working outside of the United States.
- Increasing the use of Annotations/Notes (Corrections & Non-Compliance)
- Lump sum payments require an I-9.
- The Start Date in Section 2 and Supplement B (Rehire) must match the Hire Date in HRS. (exception, employee working outside of the United States)
- If the employee has only one name (first or last), the first name must be entered as **Unknown** and the one name entered as the last name in Section 1 of the I-9.
- If you assist the employee with completion of Section 1 of the I-9, you should enter your information as a Preparer in the Translator/Preparer section of the I-9.

Resources



[HR Compliance](#) website includes helpful links to:

- I-9 Training Slides
- I-9 Process Tool
- I-9 Central (USCIS)
- M-274 Handbook for Employers
- Hire Right User Guide

Additional I-9 Compliance Resources:

[I-9 Compliance BOX folder](#)

HR Compliance Email

hrcompliance@ohr.wisc.edu



I-9 COMPLIANCE



Appendix



Employee Responsibilities – Section 1



- **Full legal name:**
 - Employees with two last names (family names) should enter both names. Employees with two first names (given names) should enter both names.
 - Employees with only one name should enter it in the Last Name field, then enter “Unknown” in the First Name field.
 - Employees should include the hyphen (-) or apostrophe (') if their names have them.
 - Employees with a middle name should enter the middle initial.
- **Other legal last names used:** including a maiden name, if applicable. Current address, including street name and number city, state and ZIP code. Include the apartment number or letter if applicable;
- **Date of birth:**
- Employees must check the appropriate box to indicate whether they are a U.S. citizen, a noncitizen national, a lawful permanent resident of the U.S., or an alien authorized to work in the U.S.
- If applicable, Alien Number/USCIS Number, Form I-94 admission number, or foreign passport number (including country of issuance), and the date employment authorization expires. **(Employee will NOT have this information until they enter the United States).**
- **Signature and the date**
- Additionally, employees may provide:
 - Social Security number
 - E-mail address (required for email notices to be sent to employees)
 - Telephone number.