

Introduction to HR Compliance and I-9 Completion

Office of Human Resources
HR Compliance

Introduction to HR Compliance



Ensure University of Wisconsin-Madison meets work authorization compliance standards through adherence to Federal, State, and UW System laws and policies

Everything HireRight

- User Access
 - Adding users
 - Remove users
 - Password Reset

- I-9
 - Questions
 - Audits
 - Compliance
 - Completion assistance

- CBC
 - System Questions

E-Verify (departments with government contracts only)



I-9 Process and Completion

I-9 Timeline



- Employee accepts offer for employment
- Employee completes section 1 no later than their first day of work for pay
- Employer completes section 2 no later than the 3rd business day employee starts work for pay
- Monitor employee's need for updated work authorization and breaks in service
- If employee's work authorization expires, complete section 3

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 <u>physically</u> 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

Employee accepts offer for employment

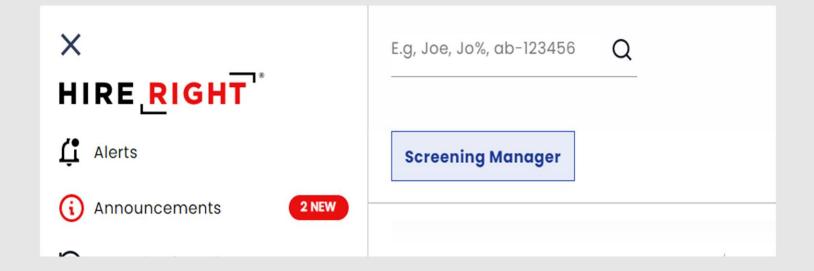
Employee completes section 1 no later than their first day of work for pay

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.



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 <u>click here</u> 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.
- 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 <u>may</u> provide:
 - Social Security number
 - E-mail address (required for email notices to be sent to employees)
 - Telephone number



Completing I-9 Section 2

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

OR



- 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 documentshould not be
 asked to present any other
 document.

List B

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

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 lost name (family name): Dee 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 I): ✓
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 an original and on the <u>List of Acceptable Documents</u>
- Physically examine each document to determine if it reasonably appears to be genuine and relates to the employee presenting it.
 - You may request a different document if it does not meet these standards.
- Enter all information directly from the documents into HireRight



Examples

Typical "Alien Authorized to Work" documents (Foreign Nationals)

H-1B | Passport





Do you want to provid	e a visa number? This is optiona	and will only be used for	E-Verify.	
Yes				
● No				
Issuing Authority				
Enter the issuing authorit	y of the provided document or its rece	ipt. The issuing authority is th	ne entity that issued the do	ocument.
Andorra				
Passport Number				
Foreign Passport Numbe	can contain 6-12 alpha-numeric chara	acters. Do not include dashes	or spaces.	
AAA000001				
Ooes this document h	ave an expiration date?			
Yes No	ave an expiration date?			
Yes No Expiration Date Enter the expiration date unexpired document inclination.	of the document you selected in the D des a document where the expiration porary Protected Status.			
Yes No Expiration Date Enter the expiration date unexpired document inclination.	of the document you selected in the D des a document where the expiration			
No Expiration Date Enter the expiration date unexpired document includes for individuals with Terminal Processing Control Pro	of the document you selected in the D des a document where the expiration			
No Expiration Date Enter the expiration date unexpired document incluse for individuals with Tenth Month January	of the document you selected in the D des a document where the expiration			
No Expiration Date Enter the expiration date unexpired document incluses for individuals with Ter	of the document you selected in the D des a document where the expiration			

H-1B | I-797A

	NOTICE OF ACTIO	WW T U.S. CITIZENSI	IP AND IMPOGRATION SERVICES
Beesigi Number			ION FOR A NONIMMIGRANT WORKER
Deprived Date	Pytority Itwis	Petitioeer UNIV OF WI	SYSTEMMADISON,
Notice Date 05/23/2022	Per Lof2	Besefutory	
	Y & STAFF SERVICES		Notice Type: Approval Notice Class: H1B
21 N PARK STRE MADISON WI 53		3	01/01/2025
required, he or she shoul or pre-flight importions	id present it, along with any other required do inform. The positioner may also file From 1-82 of energy, or gro-flight inspection office of this tion does not guarantee that the beneficiary(i- dmission), or for a subsequent extension of st	esmentation, when app 34, Application for Acti approval. as) will be found to be only, change of status, or	ther exses you filed.
The approval of this per- abroad and seeking re-as Please see the additional USCIS encourages you	information on the back. You will be notified to sign up for a USCIS online account, To	learn mere about crea	ting an account and the benefits, go to https://
The approval of this part abroad and seeking re-si Please see the additional USCIS seconarges you www.ascis.gov/file-unlin California Service Center U.S. CITIZENSHIP & 19 P.O. Box 3014 Leguna Niguel CA 9200/	te sign up for a USCIS unline acceunt. To w. MMIGRATION SVC	learn merò abed crea	Ting an account and the benefits, go to https://



Double check the employer is UW Madison

W

94 Issuing Authority	
nter the issuing authority of	the provided document or its receipt. The issuing authority is the entity that issued the document.
U.S. Citizenship and Im	migration Services
94 Document Number	
orm I-94 Admission Number nclude dashes or spaces.	is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not
61555886062	
Does this document hav	e an expiration date?
Yes	
No	
Expiration Date	
	the document you selected in the Document Title field. A document is not acceptable if it has already expired. A is a document where the expiration date shown on the face of a document has been automatically extended, su
Month	
January	
January Day 01	
Day	

Han Solo



- H-1B
- Passport
 - Andorra
 - AAA00001
 - EXP 01/13/2025
- I-94
 - 61555886062
 - EXP 01/01/2025

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title Foreign Passport, work-authorized	Document Title N/A	Document Title N/A
nonimmigrant Issuing Authority	Issuing Authority N/A	Issuing Authority N/A
Andorra Document Number AAA000001	Document Number	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 01/13 /2025	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title I-94	Additional Information	QR Code - Sections 2 & 3
Issuing Authority U.S. Citizenship and Immigration Services	Physically Inspected Documents	7/22/2022 Do Not Write in This Space
Document Number 61555886062	#	
Expiration Date (if any)(mm/dd/yyyy) 01/01/2025		
Document Title N/A		
Issuing Authority		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		

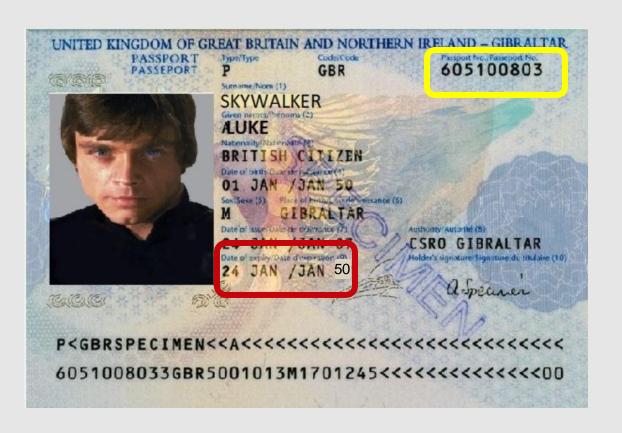
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 07/25/2022 (See instructions for exemptions)

Cionatura of Employee or Authorized Depresentative

J-1 | Passport





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





Document Title
1-94
94 Issuing Authority
ter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.
J.S. Customs and Border Protection
4 Document Number
rn 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 lude dashes or spaces.
66722596520
es this document have an expiration date?
Yes
) No
piration Date
ter 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 for individuals with Temporary Protected Status.
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J-1 | DS-2019

	CERTIFICATE OF ELIGIBI	U.S. Department of State LITY FOR EXCHANGE VISITOR STATUS	(J-NONIMMIGRANT)	OMB APPROVAL NO.1405-0119 EXPIRES: 10/31/2020 ESTIMATED BURDEN TIME: 45 min *See Page 2	Form Type For example, I-20 or DS-2019, etc. DS-2019
		ns Name: ike	Gender:	N0012345678	D3-2019
	Date of Birth/mm-dd-3339/1 City of Birth: Com	urry of Birth: Citizen:hip Country Code: nited Kingdom UK	Male Citizen:bip Country: United Kingdom	4 J-1	Document Number
	Legal Permanent Residence Country Code: Legal Permanent Residence Country: UK United Kingdom	322 SELF-EMPL.	PROFES. (MEDICAL FLD)		If you provided Form I-20 or DS-201
	Primary Site of Activity: Neurological Surgery De 600 HIGHLAND AVE # 8660 K4/871 Clinical Science MADISON, WI 53792-0001				N0012345678
	2. Program Sponsor: University of Wisconsin-Mad	ison	Program Number: P-1-00105	1	Issuing Authority
	Participation Program Official Description: PROPESSOR; RESEARCH SCHOLAR; SHORT-TERM STUDENT DOCTORATE; STUDENT INTERM; STUL		ATE; STUDENT BACHELORS;		Enter the issuing authority of the do
	Purpose of this form: OTHER Updated				Expiration Date Only unexpired documents are acce
31	Patriol Circus acceptations and	e Vinter Category: ARCH SCHOLAR			on the Form I-20 or DS-2019.
	From (mm-dd-3333): 09-15-2017 To (mm-dd-3333): 09-14-2022 Subject Fiel 26.15	ld Code: Subject Field Code Remarks:			Month
	5. During the period covered by this form, the total estimated financial su	pport (in US , 5) is to be provided to the exchange visitor by:		1 1	3 September
	Program Sponsor: \$250,119.00 Total: \$250,119.00				Day
					14
					Year
	 RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFIC ATTESTATION: 1 attest that prior to issuing this Form D5-2019, the Prog 	THE CONTRACTOR OF THE CONTRACT	Offic	nate Responsible	2022
	Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (a eligible and qualified for, and accepted into, the program in which he or she participate (ii) postesses adequate financial resources to participate in and	21 North Park Street, S	om Suite 5101	Turke 608-262-0000	Visa Type
	complete his or her exchange visitor program, and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if a also attest that upon penting and signing this form, I am physically present i United States or in a U.S. territory. A notification copy of this form has been	in the	Responsible Officer	Telephone Number	For example, F-1 or J-1, etc.
	provided to the U.S. Department of State.	Signature of Responsible Officer or Alternat	e Responsible Officer	Date (mm-dd-2339)	4 J-1

Does the employee have a student or academic visa? Double check the program sponsor is UW Madison 19 in the Form Type field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019. ocument you provided in the Form Type field. The issuing authority is the agency that issued the document. eptable. If you provided Form I-20 or DS-2019 in the Form Type field, enter the program end date as indicated

Luke Skywalker



- J-1
- Passport
 - UK
 - 605100803
 - EXP 1/24/2050
- I-94
 - 66722596520
 - EXP 09/14/2022
- DS-2019
 - N0012345678
 - EXP 09/14/2022

List A Identity and Employment Authorization	OR List B Identity	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant	Document Title N/A	Docu N/A	ument Title
Issuing Authority	Issuing Authority N/A	N/A	ng Authority
United Kingdom Document Number 605100803	Document Number	Docu N/A	ument Number
Expiration Date (if any)(mm/dd/yyyy) 01/24/2050	Expiration Date (if any)(mm/dd/yyyy,) Expir	ration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information		QR Code - Sections 2 & 3
Issuing Authority U.S. Customs and Border Protection	Physically inspected docu	uments 07/22/2022	Do Not Write in This Space
Document Number 66722596520			
Expiration Date (if any)(mm/dd/yyyy) 09/14/2022	1		
Document Title DS-2019	1		
Issuing Authority US Department of State	1		
Document Number N0012345678			
Expiration Date (if any)(mm/dd/yyyy) 09/14/2022	1		

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): 07/22/2022 (See instructions for exemptions)

F-1 | Passport





	The transfer of the state of th
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assport Number	
oreign Passport Number can c	ontain 6-12 alpha-numeric characters. Do not include dashes or spaces.
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xpiration Date	
	document you selected in the Document Title field. A document is not acceptable if it has already expired. An document where the expiration date shown on the face of a document has been automatically extended, such by Protected Status.
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F-1 | I-94





Document Title	
I-94	
I-94 Issuing Authority	
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U.S. Customs and Border Protection	,
94 Document Number	
orm I-94 Admission Number is either 11 digits or 9 dig clude dashes or spaces.	igits, followed by a letter in the 10th position, and a digit in the 11th position. Do not
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2023	

SEVIS ID: N0012345678 SURNAME/PRIMARY NAME GIVEN NAME Class of Admissio FNU Chewbacca PREFERRED NAME PASSPORT NAME Chewbacca COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP United Kingdom CITY OF BIRTH Kholinar DATE OF BIRTH 05-04-1990 Madrid ACADEMIC A FORM ISSUE REASON ADMISSION NUMBER LANGUAG CONTINUED ATTENDANCE SCHOOL INFORMATION SCHOOL NAME SCHOOL ADDRESS University of Wisconsin-Madison 217 Red Gym, 716 Langdon Street, Madison, WI 5370 University of Wisconsin-Madison SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL SCHOOL CODE AND APPROVAL DATE CHI214F20246000 Shallan Davar 19 FEBRUARY 2003 Immigration Coordinator PROGRAM OF STUDY EDUCATION LEVEL MAJOR 1 MAJOR 2 BACHELOR'S Mechanical Engineering 14,1901 None 00.0000 PROGRAM ENGLISH PROFICIENCY ENGLISH PROFICIENCY NOTES EARLIEST ADMISSION DATE Required Student is proficient PROGRAM START/END DATE START OF CLASSES 06 SEPTEMBER 2017 16 AUGUST 2023 06 SEPTEMBER 2017 FINANCIALS

HS		STUDENT'S FUNDING FOR: 12 MONTHS		
	33,888	Personal Funds	\$	0
4	20,371	Funds From This School	\$	
+		Other Source Type (see below)	\$	54,259
4		On-Campus Employment	\$	
ş	54,259	TOTAL	\$	54,259
	\$ \$ \$	\$ 33,888	\$ 33,888 Personal Funds \$ 20,371 Funds From This School \$ Other Source Type (see below) \$ On-Campus Employment	\$ 33,888 Personal Funds \$ \$ \$ \$ 20,371 Funds From This School \$ \$ \$ \$ \$ Other Source Type (see below) \$ \$ \$ On-Campus Employment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

REMARKS

Student will seek employment directly related to Mechanical Engineering.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the U. 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 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 stuqualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). designated school official of the above named school and am authorized to issue this form.

X	DATE ISSUED	PLACE ISSUED	
SIGNATURE OF: Shallan Davar Immigration	03 June 2022	Madison, WI	
Coordinator			

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on th 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 program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS

○ No	Double check the school is UW N
0	
Form Type	
For example, I-20 or DS-20	119, etc.
1-20	
Document Number	
If you provided Form I-20 o	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	
1	
Issuing Authority	
	of the document you provided in the Form Type field. The issuing authority is the agency that issued the do
Department of Home	eland Security
Expiration Date	
Only unexpired documents on the Form I-20 or DS-201	s are acceptable. If you provided Form I-20 or DS-2019 in the Form Type field, enter the program end date as 19.
Month	
August	
Day	
16	
Year	
2023	

Chewbacca



- F-1
- Passport
 - Spain
 - AAA000001
 - EXP 01/01/2024
- I-94
 - 66722596520
 - EXP 08/16/2023
- I-20
 - N0012345678
 - EXP 08/16/2023

List A Identity and Employment Authorization	OR List B Identity	AND	List C Employment Authorization		
Document Title Foreign Passport, work-authorized nonimmigrant	Document Title N/A	Documen N/A	Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A		
Issuing Authority	Issuing Authority N/A				
Spain Document Number AAA000001	Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) 01/01/2024	Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title I-94	Additional Information	New to Company	QR Code - Sections 2 & 3		
Issuing Authority U.S. Customs and Border Protection	Physically inspected document	s 7/22/2022	Do Not Write in This Space		
Document Number 66722596520	-				
Expiration Date (if any)(mm/dd/yyyy) 08/16/2023	1				
Document Title I-20	111				
Issuing Authority Department of Homeland Security					
Document Number N0012345678					
Expiration Date (if any)(mm/dd/yyyy) 08/16/2023					

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): 07/22/2022 (See instructions for exemptions)



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:

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



Rehires and Reverifications Section 3

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

If employee's work authorization expires, complete section 3

Using the I-9 Process Tool



- HR Compliance created to help divisions and departments with Section Three completion.
- Link to the I-9 Tool is located at our website location:

<u>HireRight – Human Resources – UW–Madison (wisc.edu)</u>

Section 3 Reverification - Examples



<u>H1-B</u>

A. New Name (if applicable)					B. Date	e of Rehire (if applicable)
Last Name (Family Name)	First N	First Name (Given Name)		Middle Initial Date (mm/dd/yyyy)		mm/dd/yyyy)
N/A	N/A	N/A N		N/A	N/A	
C. If the employee's previous grant of encontinuing employment authorization in t			expired, provide the in	nformation for the	docume	ent or receipt that establishes
Document Title		Document Number		Expiration Date (if any)(mm/dd/yyyy)		
Foreign Passport, work-authorized nonimmigrant		AAA000001			01/01/2026	
I-94			61555886062			03/30/2026
attest, under penalty of perjury, that employee presented document(s), the						
Signature of Employer or Authorized Re	presentative	Today's Date	(mm/dd/yyyy)	Name of E	Name of Employer or Authorized Representative	
V. H	.1	05/24/2023	3 09:23:32 PST Veronica F		Hoffman	

<u>J-1</u>

A. New Name (if applicable)	B. Date of Rehire (if applicable)					
Last Name (Family Name) N/A	First N N/A	Name (Given Name)		Middle Initial	Date (mm/dd/yyyy) N/A	
C. If the employee's previous grant of emcontinuing employment authorization in the			as expired, provide the	information for th	e document or receipt that establishes	
Document Title			Document Number		Expiration Date (if any)(mm/dd/yyyy	
Foreign Passport, work-authorized nonimmigrant		605100803		09/03/2027		
I-94		12344555156		06/30/2027		
DS-2019			N0012345678		06/30/2027	
attest, under penalty of perjury, that to employee presented document(s), the						
Signature of Employer or Authorized Rep	resentative	Today's D	ate (mm/dd/yyyy)	Name of	Employer or Authorized Representative	
Visalte	A		23 13:43:35 PST	100000000000000000000000000000000000000	nica Hoffman	

F-1

A. New Name (if applicable)	B. Date of Rehire (if applicable)				
Last Name (Family Name) N/A	First Name (Giver	n Name)	Middle Initial	Date (mm/dd/yyyy) N/A	
C. If the employee's previous grant of employer continuing employment authorization in the sp		as expired, provide the	information for th	e document or receipt that establishes	
Document Title	Document Number		Expiration Date (if any)(mm/dd/yyyy)		
Foreign Passport, work-authorized nonimmigrant		AAA000001		01/01/2025	
I-94 I-20		61555886062 N0012345678		08/16/2024	
				08/16/2024	
l attest, under penalty of perjury, that to the employee presented document(s), the docu	ment(s) I have exa				
Signature of Employer or Authorized Represer	100ay 5 L	Date (mm/dd/yyyy) 023 13:23:59 PST	100000000000000000000000000000000000000	Employer or Authorized Representative a Hoffman	

*Please note – Entry of documentation is the same as Section 2 (See previous slides). Only work authorization (List A & C) options will populate in Section 3.

Reciprocal or Proxy



- If an employee does not work in Madison, we still must complete an I-9 for them.
- We use a proxy or designated agent to complete the I-9 on behalf of the UW-Madison in HireRight.

 Reach out to the HR Compliance inbox to request a list of proxy representatives for I-9 completion or proxy questions.

hrcompliance@ohr.wisc.edu



I-9 Compliance Updates

Updates to Compliance Guidelines



- 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 work inside the United States.
- End of virtual COVID inspections (email to HR Reps sent 9/13/2022 & 5/23/2023)
- Increasing the use of annotations/notes
- Add permanent resident (PR) card expiration date in Section 2.
- Lump sum payments require I-9.
- I-9 Corrections.
- Updated UW-Madison I-9 Policy:

I-9 Verification of Identity and Employment Authorization - UW-Madison Policy Library (wisc.edu)

I-9/E-Verify Audit presentation to HR Reps:

Compliance | Powered by Box

Paper I-9 Collection



 Please upload all paper I-9s stored in departments and divisions to our secure box folder

Secure Box Folder

Resources



HR Compliance Hire Right Website includes helpful links to:

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✓ I-9 Training Slides
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√ I-9 Process Tool

✓ I-9 Central (USCIS)

✓ M-274 Handbook for Employers

✓ Hire Right User Guide

<u>HireRight – Human Resources – UW–Madison (wisc.edu)</u>

 HR Compliance Email hrcompliance@ohr.wisc.edu

• HR Compliance Phone (608) 265-2257

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 <u>may</u> provide:
 - Social Security number
 - E-mail address (required for email notices to be sent to employees)
 - Telephone number.

Completing Section 3



If you rehire your employee within 3 years of the date that a previous Form I-9 was completed, you may either complete a new Form I-9 for your employee or complete Section 3 of the previously completed Form I-9.

To complete Section 3 for rehires, you must:

- Confirm the identity of your employee.
- Review the original Form I-9 to determine if your employee is still authorized to work, including whether employment authorization documentation presented in Section 2 (List A or List C) has expired. Use the guidelines to determine if reverification applies.
- If your employee is still authorized to work and their employment authorization documentation is still valid, enter the date of the rehire in the space provided in Section 3.
- If your employee is no longer authorized to work or the employment authorization documentation has since expired and requires reverification, request that the employee present an unexpired List A or List C document. Do not reverify an employee's List B (identity) document. Enter the document information and the date of rehire in the spaces provided in Section 3.