

Guide to New Form I-9 (Rev. 11/14/2016 N) in Tracker Effective January 20, 2017

Section 1 Changes

1. Nearly every input field on the Form I-9 now has help text in the form of a question mark that appears when you hover over it with your cursor. Also, the field previously titled "Other Names" has been updated to specify "Other Last Names Used (if any)".

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Prepare Form I-9 for New Employee

USCIS
Form I-9

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Instructions and Important Information

Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

1. Complete the Form I-9 below and sign electronically
2. Please refer to the Help buttons (?) of the form or click the link "Read Form I-9 Instructions" below for more information
3. * Red asterisks denote a required field.

ALL fields are required or must be declared N/A. The SSN field is optional if your employer does not participate in E-Verify

[Read Form I-9 Instructions](#) [Form I-9 \(Español - PDF\)](#)

[Tracker Privacy Policy](#)

Section 1. Employee Information

the first day of employment, but not later than

Last Name (Family Name)*

Other Last Names Used (if any)*

Employee's Email Address*

Date of Birth* (mm/dd/yyyy)

U.S. Social Security Number (###-##-####)

Employee's Telephone Number* (###-###-####)

2. Pop-up box regarding the SSN field left empty

When an employee leaves the social security number field empty and clicks the Save and Validate button, an alert will be displayed explaining the SSN is voluntary on the I-9 unless the employer participates in E-Verify. While the University of Illinois does participate in E-Verify, our practice is to take the higher education approach and only process E-Verify for employees working on or affiliated with certain federal contracts with E-Verify language. If it is unknown at the time of hire whether the employee will be affiliated with an E-Verify contract, it is ok to leave the SSN field blank.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer)

Last Name (Family Name)* Case	First Name (Given Name)* Test	<p>U.S. Social Security Number Field is Empty</p> <p>Providing your Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:</p> <ol style="list-style-type: none"> You have been issued a Social Security number, you must provide it in this field; or You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number. <p>Click Continue to save, validate, and exit the Section 1 screen. Click Cancel to remain on the Section 1 screen and make changes.</p> <p>Cancel Continue</p>
Other Last Names Used (if any)*	Date of Birth* 01/01/1980 <small>(mm/dd/yyyy)</small>	
Employee's Email Address* nbillman@illinois.edu	Employee's Telephone Number* 2172446835 <small>(###-###-####)</small>	
Address (Street Number and Name)* 123 Test		
City or Town* Champaign	State* Illinois	
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.		

3. Pop-up box for Empty Field Warning

Nearly all Section 1 fields are required, as noted by a red *. When an employee leaves any required field empty and clicks the Save and Validate button, the following alert will be displayed that instructs the employee to enter values for the required fields. For any required field that is not applicable to the employee (such as Other Last Names Used, Apt. Number, etc), N/A should be entered into the field to avoid the Empty Field Warning pop-up box.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer)

Last Name (Family Name)* Case	First Name (Given Name)* Test	Middle Name* A	<p>Empty Field Warning</p> <p>ALL fields are required or must be declared N/A. The SSN field is optional if your employer does not participate in E-Verify. You must enter valid information into every required field before completing your Form I-9 and signing electronically.</p> <p>Click Continue to save, validate, and exit the Section 1 screen. Click Cancel to remain on the Section 1 screen and make changes.</p> <p>Cancel Continue</p>
Other Last Names Used (if any)*	Date of Birth* 01/01/1980 <small>(mm/dd/yyyy)</small>	U.S. Social Security Number* <small>(###-##-####)</small>	
Employee's Email Address* nbillman@illinois.edu	Employee's Telephone Number* 2172446835 <small>(###-###-####)</small>		
Address (Street Number and Name)* 123 Test			
City or Town* Champaign	State* Illinois		
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)*:

Clicking Cancel to the Empty Field Warning message will keep the employee in Section 1 to make edits and/or add the N/As where needed. Clicking Continue will take the employee to the Form I-9, but out of the "edit" mode. The employee will be unable to sign Section 1 due to the empty fields and will need to click Edit Section 1 to make corrections.

Tip: Use alerts on the right to determine what fields are missing/incomplete

Other Last Names Used: _____ Date of Birth: 1/1/1980 U.S. Social Security Number: _____
Employee's Email Address: nbillman@illinois.edu Employee's Telephone Number: 2172446835
Address (Street Number and Name): 123 Test Apt. Number: na
City or Town: Champaign State: Illinois Zip Code: 61820
Employment Status: _____
Employee Is: A citizen of the United States
Last Reverified: Never
Last Updated: 1/18/2017

Section 1 has not been signed. Click to display Signature box.

Section 2. Employer or Authorized Representative Review and Verification

Employment Verification Documents

List A Identity and Employment Authorization	List B Identity	List C Employment Authorization
None	None	None
Issuing Authority: _____	_____	_____
Document #: _____	_____	_____
Expiration Date: _____	_____	_____

Additional Information

Form I-9 Validation Alerts

Alert Key: Curable Error (red X), Incurable Error (red X with exclamation mark), Warning (yellow triangle)

Section 1 Alerts

- Other Last Names Used must be entered or declared N/A
- U.S. Social Security Number is optional, unless the Form I-9 will be subject to E-Verify
- Section 1 requires Employee Signature.
- To Do: Edit Section 2 and enter the Start Date.

Section 2 Alerts

- Section 1 requires Employee Signature.
- Section 2 Document(s) not specified.
- To Do: Edit Section 2 and enter the Start Date.

4. Section 1 for Foreign Nationals

When the employee identifies as “An alien authorized to work”, they will only provide one of three document numbers in addition to their “authorized to work until date”.

I attest, under penalty of perjury, that I am (check one of the following*):

1. A Citizen of the United States

2. A Noncitizen National of the United States

3. A lawful permanent resident (Alien Registration Number/USCIS Number): [N/A] <Select One>

4. An alien authorized to work until: * [] N/A
Some aliens may select the N/A checkbox for the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

Alien Registration Number/USCIS Number: [N/A] <Select One>

OR

Form I-94 Admission Number: [N/A]

OR

Foreign Passport Number: [N/A]

Country of Issuance: [NONE]

Save and Validate Cancel

Section 1 has not been signed. Click to display Signature box.

5. Section 1 for Permanent Resident

When the employee identifies as a “Lawful Permanent Resident”, they must enter their 7-9 digit Alien Registration Number (A-Number) or USCIS Number and use a new dropdown field to indicate whether they have entered an A-Number or USCIS Number. The type of number is identified on the front of the Permanent Resident Card.

I attest, under penalty of perjury, that I am (check one of the following*):

1. A Citizen of the United States

2. A Noncitizen National of the United States

3. A lawful permanent resident (Alien Registration Number/USCIS Number):
USCIS Number
Alien Registration Number
*Required

4. An alien authorized to work until: N/A
Some aliens may select the N/A checkbox for the expiration date field. (See instructions)

Section 1 has not been signed. Click to display Signature box.

6. Preparer and/or Translator Certification question prior to employee signing.

Employees must now indicate if a Preparer/Translator assisted in completing Section 1. If assistance was received, then the employee must indicate how many Preparer/Translators assisted. A Preparer/Translator should only be checked if another individual helped to prepare or translate Section 1 of the I-9. Answering an employee’s question(s) does not qualify as a “Preparer/Translator”.

Employee Signature

Employee Name

Signature Confirmation Question
As part of your electronic signature, create a password of your choosing. You can enter any password that contains only letters and numbers and be between 5 and 25 characters.

Answer: *

Confirm Answer:

*****IMPORTANT: YOU ARE SIGNING A U.S. GOVERNMENT FORM*****

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 Agree *

[Display Paper Signature](#)

Preparer and/or Translator Certification(Select one):

I did not use a preparer or translator

A preparer(s) and/or translator(s) assisted the employee in completing Section 1 How many? *Required

Section 2 Changes

1. New Additional Information text box (in addition to the Notes and Tasks box) which will display on the Form I-9 PDF.

Only the information below should be entered in the Additional Information box:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present

All other non-immigration/documentation related information should continue to be entered in the Notes and Tasks and Tasks box.

The screenshot shows a web-based form for creating a Form I-9 PDF. The form is divided into several sections:

- U.S. Passport:** Includes fields for Issuing Authority (U.S. Department of State), Document #, Expires (mm/dd/yyyy), and File Attachment (Browse...).
- Document #:** Two separate fields for Document # and Expires.
- Additional Information:** A large text box highlighted with a red border, intended for employment authorization extensions and additional documents.
- Employer:** A dropdown menu showing "University of Illinois".
- Business Name:** A dropdown menu.
- Worksite:** A dropdown menu showing "<None Selected>".
- I-9 Manager:** A dropdown menu showing "Peck, Nicole".
- E-Verify Options:** Radio buttons for "E-Verify OFF" (selected) and "Turn E-Verify ON (e.g. Federal Contractor)".
- Employee's first day of employment (mm/dd/yyyy):** A text box with a red border.
- Notes and Tasks (Internal Use Only):** A large text box for internal notes.
- Employee ID:** A text box.
- Employee hired for three days or less:** A checkbox.
- Employee presented an acceptable receipt in lieu of an original document for:** Radio buttons for List A, List B, and List C.

At the bottom of the form, there are "Save and Validate" and "Cancel" buttons. The bottom right corner shows a zoom level of 100%.

- PDF changes – along with the newly created Additional Information text box that will display on the PDF, Tracker will now populate Section 2 fields which were not required to be completed with N/A. For example, if List A document information is collected in Section 2, then all List B and List C document fields will display “N/A” when the PDF is viewed (see bottom example).

Information Entered into Tracker

Section 2. Employer or Authorized Representative Review and Verification

Employment Verification Documents

List A Identity and Employment Authorization	List B Identity	List C Employment Authorization
U.S. Passport or U.S. Passport Card Issuing Authority <u>U.S. Department of State</u> Document # <u>325689100</u> Expiration Date <u>12/31/2020</u>	None	None

Information displayed on the PDF

U.S. Citizenship and Immigration Services

Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Employee	First Name (Given Name) Sappy	M.I. L	Citizenship/Immigration Status 1
List A	OR		List B	List C
Identity and Employment Authorization	AND		Identity	Employment Authorization
Document Title U.S. Passport	Document Title N/A	Document Title N/A	Document Title N/A	Document Title N/A
Issuing Authority U.S. Department of State	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A	Issuing Authority N/A
Document Number 325689100	Document Number N/A	Document Number N/A	Document Number N/A	Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 12/31/2020	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A	Additional Information N/A		QR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
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.