


I-9 Form: Instructions for Nonresident on F-1 Visa

	Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services	USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016	
<p>▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>			
Section 1. Employee Information and Attestation <i>(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.)</i>			
Last Name (Family Name) 1		First Name (Given Name) Middle Initial	Other Names Used (if any) 2
Address (Street Number and Name) 3		Apt. Number City or Town	State Zip Code
Date of Birth (mm/dd/yyyy) 4	U.S. Social Security Number 5	E-mail Address 6	Telephone Number 7
<p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States <i>(See instructions)</i></p> <p><input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____</p> <p><input checked="" type="checkbox"/> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. <i>(See instructions)</i></p> <p><i>For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:</i></p> <p>1. Alien Registration Number/USCIS Number: _____</p> <p style="text-align: center;">OR</p> <p>2. Form I-94 Admission Number: _____</p> <p>If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:</p> <p>Foreign Passport Number: _____ 9</p> <p>Country of Issuance: _____ 10</p> <p>Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. <i>(See instructions)</i></p>			
Signature of Employee: 11		Date (mm/dd/yyyy): 12	
Preparer and/or Translator Certification <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i>			
<p>I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct. 13</p>			
Signature of Preparer or Translator: 13		Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code
STOP Employer Completes Next Page STOP			

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: _____

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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: _____		Document Title: _____		Document Title: _____
Issuing Authority: _____		Issuing Authority: _____		Issuing Authority: _____
Document Number: _____		Document Number: _____		Document Number: _____
Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				
Document Title: _____				
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				

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): _____ (See instructions for exemptions.)

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Signature of Employer or Authorized Representative _____	Date (mm/dd/yyyy) _____	Title of Employer or Authorized Representative _____
Last Name (Family Name) _____	First Name (Given Name) _____	Employer's Business or Organization Name _____
Employer's Business or Organization Address (Street Number and Name) _____	City or Town _____	State _____ Zip Code _____

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): _____
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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): _____
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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: _____
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Instructions for both New Hires and Updating & Reverification

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).

New Hire Instructions

Note: If an employee is unable to print their I-94 from the CBP website they cannot fill out the I-9 and are **NOT** eligible to begin work. Refer them to CBP website to correct this problem (<https://i94.cbp.dhs.gov/I94/request.html>).

Section 1. Employee Information and Attestation

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

1. Enter your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.
 2. Enter your maiden name (if any). If you have had no other legal names, write "N/A".
 3. Enter your current living address, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code.
 4. Enter your date of birth (mm/dd/yyyy).
 5. Enter your U.S. social security number. **Note: Leave SSN box blank if SSN is not available at the time of hire.**
 6. Enter your e-mail address (Optional).
 7. Enter your telephone number (Optional).
 8. Check this box (that you are a foreign national authorized to work in the U.S.) if you are not a citizen or national of the U.S. or a permanent resident (green card holder).
 - 8a. Expiration date -Enter the end date from line 5 of Form I-20, "and complete studies no later than _____." Or enter the Program End Date from the ICE Form I-20.
 - 8b. Enter your Alien Registration Number (A-Number)/USCIS Number.

OR
 - 8c. Enter Form I-94 Admission Number (Departure Record).
 9. Enter your Foreign Passport Number.
 10. Enter Country of Issuance your passport.
 11. Employee should sign.
 12. Enter the date (mm/dd/yyyy) that you completed this form.
 13. To be completed and signed if Section 1 is prepared by a person other than the employee.
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Section 2. Employer or Authorized Representative Review and Verification

(Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to completing Section 1 before he or she has accepted a job offer. Employer or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment.)

The following is an example of how to fill out the I-9 form when choosing from List A, #5 (unexpired foreign passport).

14. Fill in Employee Last Name, First Name and Middle Name Initial from Section 1.
15. Document Title - Enter "Foreign Passport".
16. Issuing Authority - Enter country that issued the passport.
17. Document Number - Enter the passport number.
18. Expiration date - Enter date the passport expires.
19. Document Title – Enter Form I-94 (Departure Record).
20. Issuing Authority - Enter DHS (Department of Homeland Security).
21. Document # - Enter the Admission Record number from the Form I-94 (Departure Record).
22. Expiration date – Enter admit until date" D/S".
23. Document Title – Enter I-20.
24. Issuing Authority - Enter U.S. Department of Justice (Department of Homeland Security).

25. Document # - Enter the SEVIS number from the I-20 (or SEVIS ID from ICE Form I-20)
26. Expiration date - Enter the end date from line 5 of Form I-20 "and complete studies no later than ____." Or enter the Program End Date from ICE Form I-20.

- Confirm that the University of Washington is named in Section 2 of Form I-20 as the school the student is attending.
- If the individual is employed past this date, the I-9 will need to be reverified. See reverification instructions below.

Section 2. Certification

27. Enter the first date that the employee began employment in the department.
28. Employer or authorized representative should sign.
29. Enter the date.
30. Enter title of employer or authorized representative.
31. Print name (Last name and First name) of employer or authorized representative.
32. Enter UW and name of department.
33. Enter departmental address (mailbox #).
34. Enter name of City.
 a. Enter State
 b. Enter Zip Code

Submit the USCIS Form I-9 and the UW Form 1007 along with required copies of documents (picture page of passport, I-94 Departure Record and I-20) to the Payroll Office. Box 359555

Section 3 Reverification and Rehires

Employers or their authorized representative should complete Section 3 when reverifying that an employee is authorized to work.

(To be completed, signed and dated by employer or authorized representative, if the employee is employed past the end date (number 5 of I-20) or Program End Date from ICE Form – I-20.

If Section 3 is required to be completed, you must use the new Form I-9. You must also fill out the Section 1 with employee's name (Last, First, and Middle initial) submit both pages to be a valid I-9 for reverification.

Section 1

1. Enter employee's full legal last name, first name, and middle initial.

Section 3

- A. Enter new name (if applicable).
- B. Enter the date of rehire (if applicable).
- C1. Document Title - Enter "I-20."
- C2. Document # - Enter the SEVIS number from Form I-20 or SEVIS ID from ICE Form I-20.
- C3. Expiration Date - Enter the date from line 5 of Form I-20 "and complete studies no later than ____." Or enter the Program End Date from ICE Form I-20.
- D. Employer or authorized representative should sign.
- E. Enter the date that employer or authorized representative completed Section 3.
- F. Print name of employer or authorized representative.

Submit the completed USCIS Form I-9 to Payroll Office, Box 359555