### Form I-9/E-Verify From Start to Finish



# Form I-9

• What is the Form I-9?

• Who needs to complete one?

Who does NOT need to complete one?



### **Student I-9 Documents Reminder**

- Remind all incoming students that intend to work at IU to bring their acceptable Form I-9 documents with them. Documents must be unexpired originals (photocopies and/or scans are <u>not acceptable</u>).
- Communications Available



# When to Complete a Form I-9

- After an offer has been accepted
- Section 1 = End of first day of employment
- Section 2 = By the 3<sup>rd</sup> business day of employment



Rehires

### One.IU





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#### Employee Active Job Lookup in HRMS

Employee Active Jobs Lookup			
		First Name:	
Employee ID:		Last Name:	
	OR	Date of Birth:	mm/dd (or) mm/dd/yyyy
submit			submit

# Check to see if the employee has an active job



INDIANA UNIVERSITY HUMAN RESOURCES

#### HireRight I-9/E-Verify Platform

#### HIRE RIGHT

#### Company ID: IUHOO02 User Name: jpaflas@iu.edu Password: ••••••

Remember my Company ID and User Name

#### Login

Need help with login?

#### **Password is good for 90 Days**



## Log into HireRight

# Enter company ID, user name and password.

### This information is provided by HireRight via email



### **HireRight Platform**

HIRE RIGHT		
_	Screening Manager	
E.g, Joe, Jo%, ab-1234567 Q	Orders and Reports	🗆 Maximize 🛛 🔗 Refresh
I-9 Forms     Employment Screening     Management Reports	Print       Download       More Options *       COVID-19 Affected Only         Current User       Last 7 days       *         Invitations       Not Submitted       In Progress       Completed       Cancelled	Refreshed 20 seconds ago
Price List	First Name         Middle Name         Last Name         SSN/National ID         Status	Type 🔂 🔶
Billing		
<ul> <li>Account Setup</li> </ul>		
Compliance Central		
> Forms & Documents		
<ul> <li>Help &amp; Training</li> </ul>		
ONLINE TRAINING		▼.
		•

#### **Main Dashboard**



# Access I-9 and E-verify Tools

### Click on I-9 Forms Click on Manage I-9 Forms to open I-9 dashboard

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HIRE RIGHT	Screening Manager	
E.g, Joe, Jo%, ab-1234567 <b>Q</b>	Background & Drug Requests	∂ Refresh
→Search Tips	Print Current User  Last 7 days  Last 7 days  Last 7 days  Last 7 days	ast Update: 11/9/10 11:10 AM
I-9 Forms → <u>Manage I-9 Forms</u>	Not Submitted         In Progress         Completed         Cancelled           Image: State in Progress         SSN/National Request #         Status	Date 🕴 🧖
→ Delete I-9 Form		

# Search for I-9

	Screening Manager	Manage I-9	Forms × Sea	arch (green)	×	
green Q	Print 🖷 Downlo	ad 🦪 Note		Smart Search	Search All Accou	nts ·· Search
I-9 Forms Manage I-9 Forms I-9 Forms Settings	Search For: green	Adjudication		q	Right-click access ava actions	to ailable
Delete I-9 Forms	First Name	Last Name	View/Print	Туре		
Employment Screening	Tammy	Green	Send Form	I-9 Form	06/12/2014	HE-061314-
Management Reports	Tammy	Tammy Green		es Background Requ	est 06/13/2014	HE-061314
Account Setup			E-Verify Report			
Forms & Documents			Manage Supporting Do	DCS		
			Reassign Reaverify I-9 Serm			
Help & Training			View Audit Trail			
			Correct I-9 Form			
			Delete I-9 form			
			-1	.		



# Competing Section 1 of the Form I-9

- Filled out by the new employee
- All fields are required except for E-mail address and telephone number
- Information Levels

HireRight system allows edits to Section 1

# **Email Invite to Employee**

1.I-9 Forms for options.

2.Manage I-9 Forms to access menu.

3.Invite Employee for email prompt.





mployee Info		
First Name:* (2)		
Last Name:* 🙆		
E-mail:*		
Employee Start Date: 🥝	mm / dd / yyyy	Use Today's Date
Message Template:* 📀	Default Invitation Letter	Preview / Edit
	Send me a copy	
liring Manager 🧼		
First Name:		
Last Name:		
E-mail:		
lotification Options		
Initiated by John Pafla	s (automatically receives all notifications)	
Add users who will rece	ive copy of notification letters	
		-
Additional Fields		
University ID		
University ID Account *		

#### INDIANA UNIVERSITY

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### **Resend to Employee if I-9 is not Completed**

#### From Sent to Employee tab:

Click employee to select and use choose Resend.

creening Manager	Manage I-9 Fe	orms ×			
🖉 New 🔻 💧 Print	🐻 Additional Co	lumns * I	More Options *		
Current User 🔹	Last 90 days 👻	]	View		
Sent to Employee	Pending Employer	Completed	Resend	L L	o Review
First Name	Last Name	SSN	Set Hiring Manager		Date
Ron	Rogers	-	Reassign		10/29/2014
			Start/Termination D	ates	
			Delete I-9 form		
			Flag	•	



# **New Hire: Letter and Instructions**

#### ELIGIBILITY VERIFICATION

Directions

#### Employee Information and Attestation Worksheet

Section 1 Review and E-Sign by Preparer and/or Translator 4

Section 1 Review and E-Sign by Employee

List of Acceptable Documents 🥯

Who is Issued This Document?

Sample Document Images

📆 Form I-9 Instructions 🥝

1

#### Employment Eligibility Verification – Directions

All new employees are required by federal law to complete Section 1 of an I-9 Employment Eligibility Form by the first day of work for pay.

Please complete this form as soon as possible. Enter all information on the form. The official Form I-9, Employment Eligibility Verification Instructions are located on the left or by clicking here. The List of Acceptable Documents is also located on the left or by clicking here.

#### Save Form and Exit

As you are completing the I-9 employment eligibility form, you will have the option of saving your work and exiting at any time by clicking the "Save Form & Exit" link located at the top of every page. You will be able to return to the I-9 employment eligibility verification form later to complete and submit the form.

#### Signing the I-9 Employment Eligibility Form

When you are finished completing the form, please click the "Electronically Sign" button on the form.

#### Help

If you have questions about completing the I-9 employment eligibility form, please contact support at <u>customerservice@hireright.com</u>. If you have questions about the content of the I-9 employment eligibility form, please call 1-866-521-6995. Customer Support hours are: Sundays 5:00 PM - Fridays 9:00 PM (Pacific Time).

Proceed with I-9 Employment Eligibility Form

# **Employee Information**

IJ

Employee Information	
Your Last Name: *	Cobb
Your First Name: *	James
Your Middle Initial: *	s 🧳
certify that I do not have any r	niddle initial (if checked "N/A" will be displayed in the Middle Initial field
certify that I have not used an Names Used field of Section 1)	y other last names (if checked "N/A" will be displayed in the Other Last
Your E-mail Address:	
Your Telephone Number:	+ 1 V ext.
Your Country: *	USA 🗸
Your Address: *	123 South Street
I certify that I do not have any a Number field of Section 1)	apartment number (if checked "N/A" will be displayed in the Apt.
Your City: *	Long Beach
Your State: *	California
Your Zip/Postal Code: *	90807
Your Date of Birth: *	12 / 19 / 1970

# **Citizenship or Immigration Status**

### SSN is required for E-verify

#### **Citizenship or Immigration Status**

What is your citizenship or immigration status? \*

Your Social Security Number: \*

Re-enter Social Security Number: \*

- Select From List --

Citizen of the United States Noncitizen national of the United States Lawful Permanent Resident Alien Authorized to Work

certify and understand that I alone have provided and entered the information above to complete the Employee Information and Verification section of my Form I-9. I am also aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of the Form I-9. \*

Proceed to Form I-9 Completion





# **Citizenship or Immigration Status**

Citizenship or Immigration	Status
What is your citizenship or immigration status? *	Alien Authorized to Work
When are you authorized to work until? *	02 / 02 / 2020
I certify I am an Alien who	se authorization does not expire
Provide your Alien or Admission or Foreign Passport number: *	<ul> <li>Alien Registration#/USCIS# </li> <li>Form I-94 Admission# </li> <li>Foreign Passport# </li> <li>Get I-94 Number Now</li> </ul>
The Social Security Admin	nistration has not yet issued me a Social Security Number.
one. If you do not yet have a	an SSN issued, you will be asked to provide one once it is issued.
I certify and understand the Employee Information and provides for imprisonment with the completion of the	hat I alone have provided and entered the information above to complete the d Verification section of my Form I-9. I am also aware that federal law t and/or fines for false statements or use of false documents in connection Form I-9. *

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**Completing** Section 1

### Permanent Resident

- Alien Registration #
- USCIS #

### Alien Authorized to Work

- Alien Registration/USICS #
- Form I-94 Admission
   #
- Foreign Passport #



### **Employee Review and Signature/Submission**

EMPLOYMENT ELIGIBILITY VERIFICATION     Directions	Section 1 Review & E
<ul> <li><u>Directions</u></li> <li><u>Employee Information and Attestation Worksheet</u></li> <li><u>Section 1 Review and E-Sign by Employee</u></li> </ul>	Section 1. Employee         Section 1 of Form I-9 no la         Last Name (Family Name)         Cobb         Address (Street Number and Nat 123 South Street         Date of Birth (nmv(dd)000)         **/**/****         I am aware that federal la false documents in comm I attest, under penalty of p         ✓ 1. A citizen of the United:         ○ 2. A noncitizen national o         ○ 3. A lawful permanent res Number/USCIS Number)         ✓ 4. An alien authorized to applicable, mm/dd/yyyy)         Some aliens may write instructions)         Alien Registration Number OR Foreign Passpor         1. Alien Registration Number/USCIS Number:         OR         2. Form I-94 Admission Number:         OR         3. Foreign Passport
	Number: Country of <u>N/A</u> Issuance:



#### -Sign by Employee

are required

ddress (Street Number and Name) 123 South Street Date of Birth (non/dd/5000) **/**/**** am aware that federal law prov alse documents in connection attest, under penalty of perjury, 1	ecurity Numb 11 ides for in with the co	Apt. Number N/A er Employee's N/A	City or Toy Long Be E-mail Add	ach lress	Emp	State CA	ZIP Code 90807
ate of Birth (non/dd/3030) **/**/**** U.S. Social S ***-*-**-11: am aware that federal law prov alse documents in connection a attest, under penalty of perjury, 1	ecurity Numb 11 ides for in with the co	er Employee's N/A	s E-mail Add	lress	Emp		
am aware that federal law prov alse documents in connection v attest, under penalty of perjury, s	ides for in with the co				N/A	loyee's Tel	ephone Numb
1. A citizen of the United States	that I am (c	mpletion o	of this for f the follow	m. wing boxes):	:	atement	5 01 050 01
2. A noncitizen national of the Unit     3. A lawful permanent resident (Al Number/USCIS Number)     4. An alien authorized to work unti applicable, mm/dd/yyyy)     Some aliens may write "N/A" in	ted States ( ien Registra il (expiration the expiratio	See instruction date, if	N/A N/A N/A	_	QF	Code - Se	ection 1
instructions) Viens authorized to work must provi numbers to complete Form 1-9: An Alien Registration Number/USCIS Vumber OR Foreign Passport Numb	de only one S Number O. er.	of the follow R Form I-94	ing docume Admission	ent			ing opport
Alien Registration <u>1</u> Jumber/USCIS Number: OR 2. Form I-94 Admission <u>N/A</u> Jumber: OR 0. Foreign Passport <u>N/A</u> Jumber:	N/A						

### **Employee Review and Signature/Submission**

Electronic Signature of Employee				
First Name: *	Test			
Last Name: *	Test			
E-mail Address:				
Month & Day of Birth: *	Oct v 22 v			

- 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 understand that I am using electronic means to sign this document, and I consent to signing this document electronically. \*
- I certify that the information that appears above on the Form I-9 is exactly as I entered it in the Employee Information and attestation Worksheet. \*
- I understand that by typing my information above, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button below will constitute my electronic signature. \*

Back	E-Sign & Save	Decline

# **Employee Confirmation of Success!**





# Most Common Issues w/Section 1

- Employee not filling in the fields correctly or typos
- Selecting the wrong citizenship or immigration status
- An alien authorized to work entering in the wrong work until date



US Citizen not entering in a SSN

	New *	Additional Col	umns * N	fore Options *
Cu	urrent User 👻	Last 90 days 👻		
S	ent to Employee	Pending Employer	Completed	E-Verify Tentative
<b>P</b>	First Name	Last Name	5	SN
	Ronald	Rogers	*	**-**-1111
	Timothy	Smith	Verify	I-9 Docs
	Timothy	Talmadge		
	Theodore	Smith	View	
			Send F	Form
			Start/T	ermination Dates
			Reass	ign
			Correc	t I-9 Form
			Set Hir	ing Manager
			Delete	I-9 form
			Flag	+
0 Ema	Journant Elizibility Form			
Form I.	9 Corrections Options			
What	would you like to do with this form?			
® Co	priect Myself - Section 2			
0 Se	and Section 1 to Employee			
Add	litional Fields			
			_	

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# **Correcting I-9 Forms**

Corrections may be made for the following reasons:

Section 1 errors must be corrected by the New Hire
Update an I-9 with newly issued SSN
Make necessary correction to Section 1 such as misspelled name

-Section 2 and Section 3 errors must be corrected by Employer

- •Correct adjusted Start Date
- •Correct document information
- •Enter live document information (receipts)



# **Making Corrections**

1.Locate the I-9, right-click, and select *Correct I-9 Form*.

2.Options provided are dependent on the status of the I-9 form.

3.Use provided options to direct Correction to the appropriate party.
Section 1 – Employee
Section 2 – Employer
Optional – Hiring Manager



## **Demo of Section 1 Completion**

### https://ows01.hireright.com/login/



## **Overview of Steps to Complete Section 2**

### **Employer Responsibilities -**

- Physically examine documents provided by New Hire – COVID 19 Process
- Access Form I-9 via HireRight or notification
- Complete Section 2
- Automated submission to E-Verify
- Upload PDF of Documents in HireRight, if applicable
- Cannot Specify Which Documents



# **Completing Section 2 of the Form I-9**

• List A

- List B & C
- Verify Identity & Work Authorization



ightarrow

List B document must have a photograph due to E-Verify

1. Click on I-9 Forms

]]

2.Click on Manage I-9 Forms to open I-9 dashboard

Step 1	E.g. Jos, Jo%, ab-1234567c Q	Orders and Reports	n Maximize - O'Refresi
		Print 💼 Download More Options *	
Step 2	V I-9 Forms	Current User    Last 7 days	Refreshed just nov
	Employment Screening     Management Reports     Price List     Billing     Account Setup     Compliance Central     Forms & Documents     Heip & Training	First Name Last Name S5N/National ID Status	Тура
		Alerts Current User  Last 1 weak	Refreshed just nov
		Action Requests Information only	



#### 3. Click New Hire to select that record

4. Use More Options or right-click to select Verify I-9 Docs

S	Creening Manager	Manage I-9 Forms	×		
	New 🔨 🔔 Pr	int 📑 Step 4	More Options 🔻		
	All Users	▪ Last 90 days ▪	Verify I-9 Doo	s	
	Yee	Pending Employer Complete	c View	Info Review	Pending Photo Match
1	step 3	Last Name	Send Form		Next Action
	Ronald	Rogers	Start/Termina	ation Dates 4	Complete Section 2
	Timothy	Talmadge	Reassign	4	Complete Section 2
	Timothy	Smith	Correct I-9 Fo	orm 4	Complete Section 2
	Jane	Doe	Set Hiring Ma	nager 4	Complete Section 2
	Timothy	Talmadge	Delete I-9 fo	rm 4	Complete Section 2
	Jane	Doe	Flag	▶ 4	Complete Section 2
	Jane	Anderson	***-**-1111	08/20/2014	Complete Section 2
	Theodore	Smith	***-**-1111	08/06/2014	Complete Section 2

S	creening Manager	Manage I-9 F	orms	× Manage User	s ×							
	New 🔹 📄 Pri	int 🛛 🐻 Additional Co	lumns * 🛛 🕅	lore Options 📍								🖑 Rel
	All Users	▪ Last 90 days	•								Refi	ireshed ju
	Sent to Employee	Pending Employer	Completed	E-Verify Duplicate	E-Verify Tentative	Pending Info Review	Pending Photo Match	Final Non-Confirmation				
	First Name		Last	Name		SSN		Date	Ţ	Next Action	1	
	Johnson		Jack			***-**-1111		05/15/2020		Complete Se	ection 2	
											Verify I-9 Docs	
											View	
											Start/Termination Dat	tes
											Send Form	
											Reassign	
											Correct I-9 Form	
											Set Hiring Manager	
											Delete I-9 form	
											Flag	•



### **Review Section 1**

Review Section 1 The Section 2 completer is responsible for ensuring *Section 1 is reviewed for accuracy* before completing Section 2.



Click **NEXT** to complete Section 2

	Section 2 - Employer	or Authorized Representative Review and Verification Worksheet	
<ul> <li>Directions</li> <li>Employee I-9 Information</li> </ul>	Fields marked with an *	are required	Review
Employer Review and Verification Worksheet Section 2 Review and E-Sign	Access Resources	obb of the United States	Instructions
Eorm I-9 Instructions         List of Acceptable Documents         Who is Issued This Document?	The employee must prese birth certificate. The empl and determine if they rea the document(s) do not r employer must not accep document(s) the employe	ent original documents, with the exception that the employee may present a certified copy of a loyer must physically examine the actual document or documents presented by the employee sonably appear on their face to be genuine and to relate to the employee presenting them. If easonably appear on their face to be genuine or to relate to the employee to choose any other if them. In such circumstances, the employer should allow the employee to choose any other ee wants to present from the " <u>Luis of Acceptable Documents</u> " for review and, if appropriate,	
Sample Document Images	Document A		]
A montanet contractions	Employers or their authori first day of employment. document from List B and this form. For each docu number, and expiration dat	zed representative must complete and sign Section 2 within 3 business days of the employee's You must physically examine one document from List A CR examine a combination of one one document from List C as listed on the "Lists of Acceptable Documents" on the next page of ment you review, record the following information: document title, issuing authority, document le, if any.	
	Document Title: *	Perm. Resident Card (Form I-551)	
	Issuing Authority: +	U.S. Citizenship and Immigration Services V	
	I certify that the issuing	g authority entered matches exactly to that of the document presented. $st$	
	Document #: *🧼	EAC9876543210 Format help       08     / 01     / 2022       Icertify the document the employee presented does not	Note the reminders
	This document is subjec	have an expiration date t to E-Verify Photo Matching. You must retain a copy of the employee's document.	
	Section 2 Additional Info	rmation	]
	Check here if there is	additional information you need to document on the I-9 Form	

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# **Complete the Worksheet**

### Confirm Employee's Start Date

Review your contact information for accuracy

### Click Proceed to I-9 Form Completion



ELIGIBILITY	Section 2 - Employer or Authorized Representative Review and Verification Worksheet					
rections	Fields marked with an * are rec	nuired				
ployee 1-9 Information	Employee Name: James Cobb					
floation Worksheet	Citizenship Status: Citizen of th	he United States				
tion 2 Review and E-Sign						
m I-9 Instructions	The employee must present ori	ninal documents, with the exception the	at the employee may present a certified copy of a			
of Acceptable Documents	birth certificate. The employer i and determine if they reasonab	nust physically examine the actual doc to access on their face to be denuine a	ument or documents presented by the employee and to relate to the employee presenting them if			
o is Issued This Document?	the document(s) do not reason employer must not accept them	ably appear on their face to be genuin In such circumstances, the employer	e or to relate to the person presenting them, the should allow the employee to choose any other			
rple Document Images 🧼	document(s) the employee wants to present from the "Lists of Acceptable Documents" for review and, if appropriate, acceptance, by the employer.					
rmation on Receipts 🥝	This employer participates in th that you may accept List B doct document with a photograph an Please note that all documents	e federal employment eligibility progra iments, only if they include a photogra d select below which document they sh presented by the new hire must be une	m called E-Verify. The E-Verify program requires ph. Please ensure that the new hire shows you a lowed to you, spired.			
	List A	List A				
	Document A					
	Employers or their authorized re first, day of employment. You in document from List B and one o of this form. For each document number, and expiration date, if a	presentative must complete and sign 9 rust physically examine one document document from List C as listed on the 'j you review, record the following inform my.	ection 2 within 3 business days of the employee's t from List A OR examine a combination of one lists of Acceptable Documents' on the next page nation: document title, issuing authority, document			
	The Employee has presented a Receipt for a replacement of a lost, stolen, or damaged document					
	Document Title: *	U.S. Passport				
	Issuing Authority *	•				
	I certify that the issuing authority entered matches exactly to that of the document presented. *					
	Document # *** B123456					
	Expiration Date (if any), *	01 / 01 / 2027 Verify Photo Matching, You must reta	in a conv of the employee's document			
	Employment Information					
	<ul> <li>I attest under penalty of per that the above-listed docum entered above reflects the certify that the information e</li> </ul>	rury, that I have examined the docume inent(s) appear to be genuine and to information that appears on the orig intered above can be used to complete	ent(s) presented by the above-named employee, relate to the employee and that the information net document(s) presented by the employee. I Section 2 of the I-9 form. *			
	Employee Start Date: *	01 / 04 / 2017 Use 1	Today's Date			
	Business Name: *	ABC Company				
	Your First Name: *	Samantha				
	Your Last Name: *	Johnson				
	Title: *	Manager				
	Email Address: *	sjohnson@abccompany.com				
	Business Address *					
	Address	1234 Main Street				
	City:	Orange				
	State:	California	•			
	Zip/Postal Code:	12345				
-						



# Section 2: Review & E-sign

Electronic Signature of Employe	er						
	· ·						
First Name: *	John						
Last Name: *	Paflas						
E-mail Address:	jpaflas@iu.edu						
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 documents(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. *							
<ul> <li>I certify that the information that Worksheet. *</li> </ul>	I certify that the information that appears above on the Form I-9 is exactly as I entered it in the Employer Review and Verification Worksheet. *						
I understand that I am using elect	ronic means to sign this document, and I consent to signing	g this document electronically. *					
<ul> <li>I understand that by typing my ir providing this information and clic</li> </ul>	I understand that by typing my information above, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button below will constitute my electronic signature. *						
Back	E-Sign & Save	Decline					



#### **Restricted Social Security Cards**



U.S. Custo	ms and Border Protection
Securing America	s Borders
Get I-94 Number	1-94 FAQ
Admission (I-94) Numbe	er Retrieval
Admission (I-94) Recor	d Number: 69000888062
Admit Until Date (MM/D	D/YYYY): 10/10/2012
Details provided on Adm	ission(I-94) form:
Family Name:	u
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY)	: 01/01/1990
Passport Number:	P123123213
Passport Country of Iss	uance: Mexico
Date of Entry (MM/DD/YY	YY): 04/11/2012
Class of Admission:	B1





and Cust Enforcen	oms ient	SE	gned Form I- VIS Fact Sh
orm Changes –	Page One		
Department of Homeland Se	Rebranding	1-20, Centificate of Eligibility for N	onimmigrant Student Status
SEVIS ID: N000470	SEVIS ID		
BURNAME PRIMARY NAME	SEVIS Name	GIVEN NAME Joan PASSPORT NAME	CLASS
COLINTRY OF BIRTH	neius auueu	COUNTRY OF CITIZENSINP	H'-
DATE OF BIRTH	m Issue Reason	ONITED STATION	7
FORM ISSUE REASON	in issue reason	LEGACY NAME	ACADEMIC AND
INITIAL ATTENDANCE - Spriat	ed form 1-20 or Hane		LANGUAGE
SCHOOL INFORMATION		Class of Adr	nission
IEVP Debool for Advanced I IEVP Debool for Advanced I	2V22 Churcher 2V22 Churcher	1082 Wanny Lane, Ft. Wathingto	1,30 20144
SCHOOL OFFICIAL TO CONTAC Alta Feet International Scholar Mov	T LPON ARRIVAL	SCHOOL CODE AND APPROVAL DAY BAL214724444000 03 APRIL 2015	rx .
PROGRAM OF STUDY EDUCATION LEVEL PAITER'S	MAJOR 1 Econosics, General	45.0651 Major 2	
NORMAL PROGRAM LENGTH 12 Months PROGRAM START DATE 01. SEPTEMBER 2015	Description of Other	r Costs, School Fundin her Sources, if specifie	g, and Funds d
PINANCIAIS ISTBAATED AVERACE CONT Thitien and Face Living Expenses Revenes Topensents (1)	1 23,000 1 6,000 1 5,000	ATUDENT'S FUNDING FOR SMONT Personal Funds Scholarship and Teaching Arst Fands Teach Arother Source (a-Campar Employment	N 8 3,000 startsbip 1 29,000 1
TOTAL.	1 22,000	TUTAL	1 32,000
REMARKS Orientation Degins 8/25/20	15. Hears report to Liff che	Number of	1
Remarks: Space	for comments	dependents	S
SCHOOL ATTESTATION I only under pessity of perjary the it States after review and evaluation in the optic of the financial capacity of the pullifications even all evaluates for all designated school official of the show X SIGNATURE OF: http://www.com	Historical and provided above was control to a United States by one or other was control to back ware encoured of the school price to the manned without much school and the analysis will be manned without and an authorized to source the strength of the school and the analysis of the school strength of the school and the analysis of the school strength of the school and the school and the school and strength of the school and the school and the school and strength of the school and the school and the school and school and the	fore I signal this form and is uses and context reduced of the student's aggliculation, structuring restortion of this form. The achord has determ required to person a full program of mody in d storm. BATE ESSUED 05. Res y 2023	I enseated this frees in the United or other recently of corress takes and that the above some disadbarfur uffeed by 8 CFR 214 205661. Fam a PLACK ISSNEED PLACK ISSNEED PLACK ISSNEED
STUDENT ATTESTATION	A sum to be from the shifts of		
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CERTIFICATE C	OF ELIGIBILITY FOR E	XCHANGE VIS	TTOR(J-1) STATUS	EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 m
Family Name;	First Name:	Middle Name:	Gender:	*See Page 2
Jones	Mary	Q Citizenship Compton Codes	FEMA	LE N0000010676
e of Birth (non-dd-yyyy): City or merts: 2-12-1970 Berlin	Country of Birth: GERMANY Builting Co	GM Position	Citizenship Country: GERMANY	J-1
gal Permanent Residence Country Code: Legal Perman M GERMAN	r for the subsection of the su	CIVIL SERVIC	E EMPLOYEE IN CENTRAL	
3. Address: 1234 Main Street Alexandria, VA 22312		G	JOVERNMENT	24236
Program Spansor: Pig Parming Institute rticipating Program Official Description:			Exchange Visitor Program Number: P=3=10244	
PROFESSOR; SHORT-TERM SCHOLAR;	TEACHER			
rpose of this form: Replace a DS-2019 for	orm (Damaged)			21919
Form Covers Period:	4. Exchange Visitor Category:			
rem (mm-dd-yyyy): 12-01-2002	TEACHER			1200
e (mm-dd-yyyy): 12-31-2003	32.0108 Literacy ar	d Communication SI	kills	
INTERNATIONAL NOMETARY FUND : \$3,322.00 Total : \$6,599.00				
U.S. DEPARTMENT OF STATE / INS USE OR CERTIF RESPONSIBLE OFFICER THAT A NOTIFICATION C	TCATION BY 7. Emily Green	(	R	esponsible Officer
FORM HAS BEEN PROVIDED TO THE U.S. DEPARTI (INCLUDE DATE).	MENT OF STATE	Name of Official Preparing For		Title
	3500 Branch J Atlanta, GA 2	tve 20001		234-343-3533
	Address of	Responsible Officer or Alternate Ro	esponsible Officer	Telephone Number
				12-09-2002
	Signature o	f Responsible Officer or Alternate B	Responsible Officer	Date (mm-dd-yyyy)
Statement of Responsible Officer for Releasing Sponsor( Effective date(mm-dd/sysys): to the program specified in item 2 is necessary or highly desi	FOR TRANSPER OF PROGRAM( 	tumber futual Educational and Cultural Exc	sponseeed by change Act of 1961, as amended.	
(B	Burnar Ma Officer		Data/MIT-	Minorel of Simular
The second s	MMIGRATION OFFICER REGARDING SECTIO 184, AS AMENDED (see item 1(e) of page 2).	ON 212(c) OF THE	TRAVEL VALIDATION	BY RESPONSIBLE OFFICER
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Signature of Responsible Officer of Alternate ELLIMINARY ENDORSEMENT OF CONSULAR OR IP MICRATION AND NATIONALITY ACT AND PL 94-4 e Eschange Visiter in the above program:			(Maximum validation ) Scholars and four months for form	period is up to six months for Short-term
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### DS-2019





### Employment Authorization Document (EAD)





### Permanent Resident (Green Card)







### Use Search to find an Existing I-9 form

Be sure it is the I-9 Form, not the E-verify or Background Report record type. - Right-click for the menu.

HIRE RIGHT					HireRight Tra	aining,   <u>Siqn Out</u>
	Screening Manager	Manage I-9 I	Forms × Search	(green)	× ]	
green Q	Print 🖷 Download	🛃 Note		Smart Search	Search All Account	ts ·· > Search
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Management Reports	Tammy	Green	Start/Termination Dates	Background Reque	est 06/13/2014	HE-061314-
> Account Setup			E-Verify Report			
> Forms & Documents			Manage Supporting Docs			
> Help & Training			Re-verify I-9 Form			
			View Audit Trail	1		
			Correct I-9 Form			
			Delete I-9 form			



# Most Common Issues w/Section 2

- Incorrect document options show up under List A or B & C
- I-94 expiration date does not match work until date
- Document number typos





# **Demo of Section 2 Completion**

### https://ows01.hireright.com/login/



# **E-Verify**

- State of Indiana requirement
- Requires SSN
- All cases must be reviewed



98% are returned "Authorized to Work"2% require additional steps

# E-Verify – Delay

- Awaiting Social Security Number
- Technical Problem
- Audit revealed new hire not run



### • Other

#### **Reviewing E-Verify Cases**

HIRE RIGHT					HireRight	Training,   <u>Siqn Out</u>
	Screening Manager	Manage I-9	Forms × Searc	h (green)	×	
green Q	Print 🖷 Downloa	ad 🗾 Note		Smart Search	Search All Accou	unts -> Search
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Employment Screening	Tammy	Green	Send Form	I-9 Form	06/12/2014	HE-061314-
Management Reports	Tammy G	Green	Start/Termination Dates	Background Requ	est 06/13/2014	HE-061314-
Account Setup			E-Verify Report			
Forms & Documents			Manage Supporting Docs Reassion			
Help & Training			Re-verify I-9 Form			
· -			View Audit Trail Correct I-9 Form Delete I-9 form			



Some E-Verify cases will not be completed immediately

#### Photo-Matching E-Verify Cases





If the E-Verify case requires photo-matching remember to upload the document into HireRight.

# Manage Supporting Documents

1.Return to Manage I-9 Forms dashboard or use Search to locate the I-9 record

2.Right-click the employee's record

3.Select **Manage Supporting Docs** – Use to 'Upload' or 'Delete' documents, if needed

Screening Manager Manage L9 Forms	× 1		
Manager Manager			
New * Additional Columns *	More Options 🔻		
All Users 👻 Last 90 days 👻	View/Print		
Sent to Employee Pending Employer Comple	ted Send Form	14	9 Employment Eligibility Form
First Name Last Name	Start/Termination Dates		Please only that only PDF documents are accarded for unlead
Jenny Doe	E-Verify Report	3	The document's you upload will be transferred and stored in our secure document storage. This process may take up to several minutes. As soon as your document is uploaded it will appear in the fst.
Robert Smith	Manage Supporting Docs		File To Upload: Chaose File No file chosen
John <b>2</b> Doe	Reassign 🗟		Document Type: Please Select Document Type •
Charles Smith	Re-verify I-9 Form		Uplead
Jessie Tester	View Audit Trail	L	ist of Supporting Documents
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	Edit Flex Fields	-	m
	Delete I-9 form		Close
	Flag 🕨		

# Most Common Issues with E-Verify

Not reviewing E-Verify cases

 Not uploading photo-matching documents

• E-Verify late cases



### Adding SSN to I-9 Form

orm I-9 Corrections Options				
What would you like to do with thi	s form?			
Send Section 1 to Employee				
Applicant Name: *	Test Test			
E-mail: *	asdunbar@iu.edu			
Correction Reason:	Please add your Social Security Number (SSN)			
Additional Fields				
University ID	000000000			
Account *	0000000			
Subaccount				
University Department *	BL-HUMM			
	Submit			



### SSN Pending Form I-9s

Employer sends Section 1 back to the New Hire to correct once the SSN card is issued.

•New Hire corrects section 1 to include SSN.

• Employer right-clicks on the corrected I-9 record in HireRight and selects "Order E-Verify".

•E-Verify runs its normal course.



The employee does not need to bring their SSN to you. The E-Verify check will be submitted once the SSN has been entered

#### **Reverification Form I-9s**

Complete Required Information fields, as needed, to document the update. Click Proceed to Form I-9 Completion and employee's applicable I-9 information is updated.





# **General Changes - HireRight Platform**

- Various Notifications to Employees and I-9 Processors.
  - Including Expiring I-9s.
- Corrections on Sections 1 and 2 before E-Verify.
- Employees can login more than once.



# **General Changes - HireRight Platform**

 Hover over question marks for more information

• You will need departmental Account Number for billing





INDIANA UNIVERSITY

#### 59

# **QUESTIONS?**

# **THANK YOU**