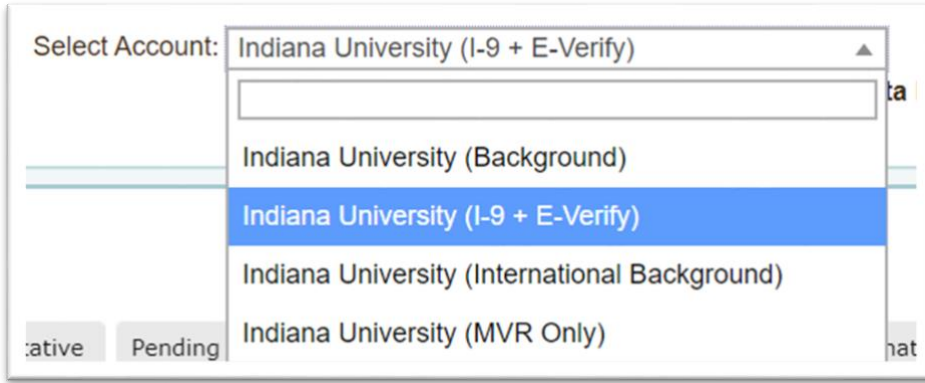
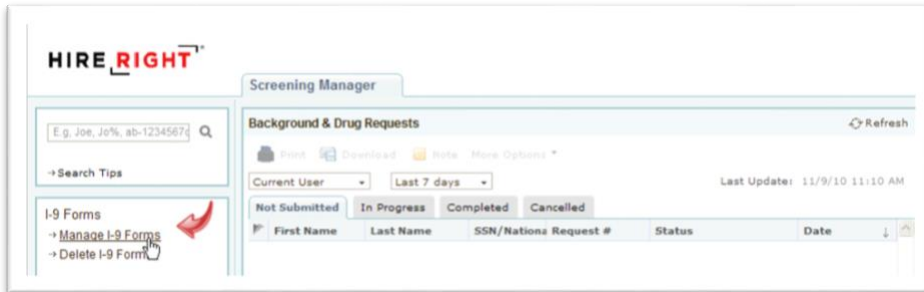


How to Complete a Section 3 Reverification

1. Toggle to the “Indiana University (I-9 + E-Verify)” option in the HireRight dropdown menu.



2. Click on “Manage I-9 Forms” on the left hand menu.



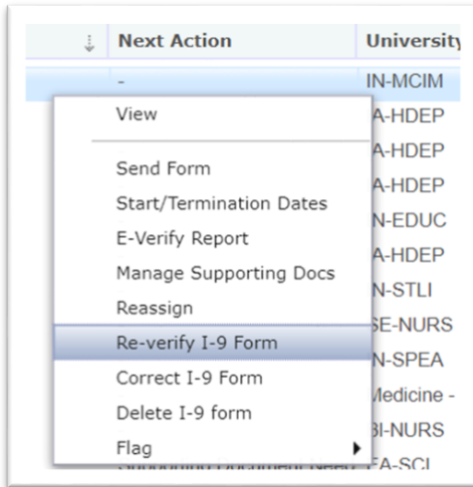
3. Locate the I-9 using the search function in the upper left hand corner of the page.



4. Locate the correct record and highlight it.

Sent to Employee		Pending Employer		Completed	E-Verify Duplicate	E-Verify Tentative	Pending Info Review	Pending
First Name	Last Name	SSN	Date					
Test	Test	***-**-1111	06/18/2020					
test	test	-	06/11/2020					

5. Right click the record, and select “Re-verify I-9 Form”



6. Select “Update Myself” and click “Submit”

A screenshot of the "I-9 Employment Eligibility Form" options section. The title is "I-9 Employment Eligibility Form". Below it is a section titled "Form I-9 Updating and Re-Verification (Section 3) Options". The question is "Who will be updating Section 3 of this form?". There are two radio button options: "Update Myself" (selected) and "Send to Hiring Manager". A "Submit" button is located at the bottom right of the form.

7. Choose the purpose of the reverification.

a. This will be “**Employee Work Authorization renewal**”

A screenshot of the "Section 3 - Reverification and Rehires Worksheet". It includes a note: "Fields marked with an * are required". The "Employee Name" is "Test Test" and the "Citizenship Status" is "Citizen of the United States". There is a section titled "Information Required for Indiana University" with the following fields: "University ID" (empty), "Account *" (1234567), "Subaccount" (empty), and "University Department *" (UA-HUMM). Below this is a section titled "To be completed and signed by employer or authorized representative". Under "Purpose of Reverification", there are three radio button options: "Employee Name Change" (unchecked), "Employee Rehire" (unchecked), and "Employee Work Authorization renewal" (checked).

8. This will open additional fields below the purpose.
 - a. Enter the updated work authorization information.
 - b. Be sure to check the attestation box.
 - c. Click “Proceed to Form I-9 Completion”.

Document

List A **List C**

If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

The Employee has presented a Receipt for a replacement of a lost, stolen, or damaged document.

Document Title:

Document #:

Expiration Date (if any): / /

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. I certify that the information entered above can be used to complete Section 3 of the Form I-9. *

[Proceed to Form I-9 Completion](#)

9. Review Section 2, and electronically sign the Form I-9.
 - a. Click on “E-Sign, Save & Run E-Verify”.
 - b. Be sure that you have checked all of the certification boxes.

The employee's first day of employment (mm/dd/yyyy) 06.12.2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative
		Specialist, Employee Relations

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Dunbar	Allison	Indiana University

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
408 E 7th St	47408	IN	47405

Electronic Signature of Employer

First Name:

Last Name:

E-mail Address:

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. *

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 electronic means to sign this document, and I consent to signing this document electronically. *

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 & Run E-Verify](#) [Decline](#)

10. You will see the following confirmation box. Click “Close”.

Employment Eligibility Verification

Thank You

Thank you for completing the federal I-9 Employment Eligibility Form.

[Close](#)