

How to Complete the Form I-9 *Employment Eligibility*

***Verification* Form I-9 Section 3 Re-Verification**

I-9 Processor

Texas A&M Engineering

When do I need to Re-Verify an employee?

Employee presents one of the following documents for proof of work authorization for Section 2:

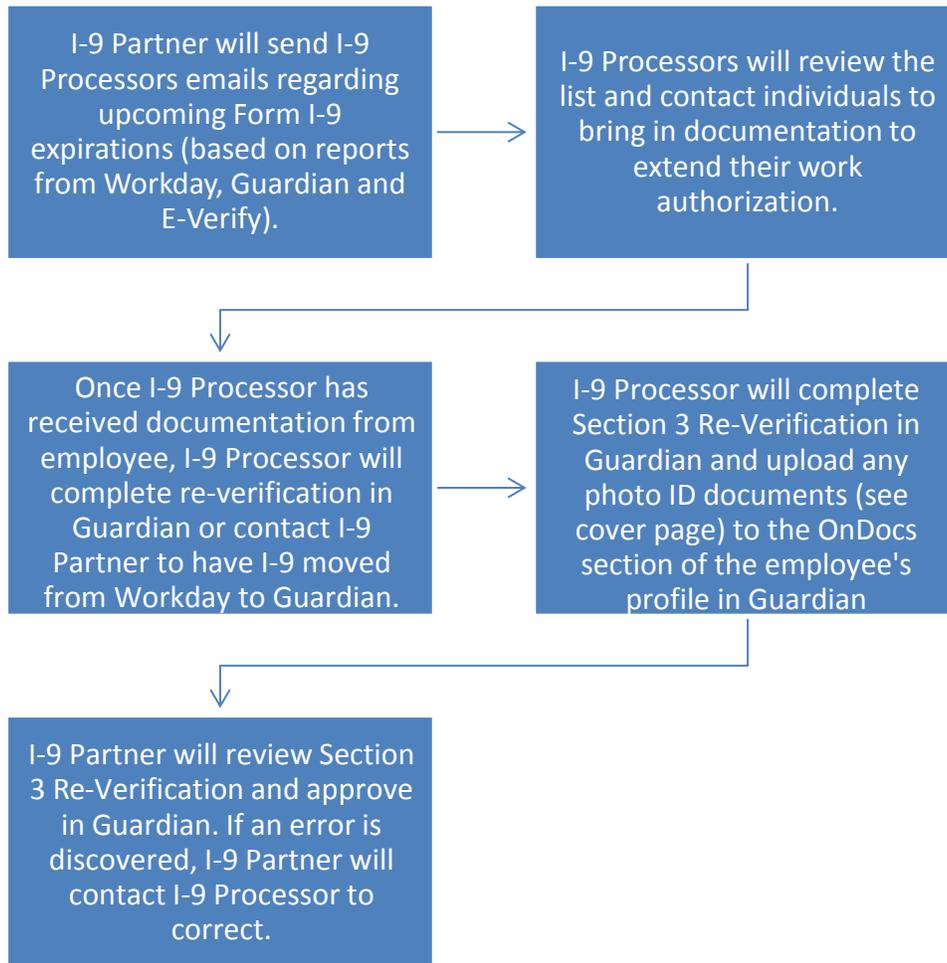
- Employment Authorization Document (List A or C) has an expiration date
- Form I-94 with temporary I-551 stamp
- An unexpired foreign passport with a temporary I-551 stamp
- Expired Permanent Resident Card presented with a I-797 Notice of Action

When do I NOT need to Re-Verify an employee?

Employee presents one of the following documents for proof of work authorization for Section 2:

- U.S. Passport or Passport Card
- Permanent Resident Card
- List B Documents (ex: Driver's License)

Current Form I-9 Reverification Process



How to Complete Section 3 Re-Verification

Please ensure Section 3 on the original Form I-9 is the most current version of the Form I-9.

If it is not, please complete Section 3 on a current version of a new Form I-9 **(7/17/2017 N)**.

| Section 3. Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i> | | | |
|---|----------------------------------|---|--------------------------|
| A. New Name (if applicable) | | B. Date of Rehire (if applicable) | |
| Last Name <i>(Family Name)</i> | First Name <i>(Given Name)</i> | Middle Initial | Date <i>(mm/dd/yyyy)</i> |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. | | | |
| Document Title | Document Number | Expiration Date <i>(if any) (mm/dd/yyyy)</i> | |
| 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 | Today's Date <i>(mm/dd/yyyy)</i> | Name of Employer or Authorized Representative | |

Only fill in Section 3 (A) if the employee's name has changed since they completed Section 1 of the Form I-9.

Permanent Resident EXAMPLE:



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

| | | | | |
|--|------------------------------------|---|---------------------------------------|-----------------------|
| Employee Name from Section 1: | | Last Name (Family Name) ? Simons | First Name (Given Name) ? Cathleen | Middle Initial ? M |
| Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) | | | | |
| A. New Name (if applicable) ? | | B. Date of Rehire (if applicable) | | |
| Last Name (Family Name) ? N/A | First Name (Given Name) ? N/A | Middle Initial ? N/A | Date (mm/dd/yyyy) ? N/A | No name change. |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. | | | | |
| Document Title ? Perm. Resident Card (Form I-551) | Document Number ? LIN0000000319 | Expiration Date (if any) (mm/dd/yyyy) ? 05/20/2019 | | |
| 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 ? Please sign and date! | Today's Date (mm/dd/yyyy) ? | Name of Employer or Authorized Representative ? | | |





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

| | | | |
|--------------------------------------|---|---|---------------------------------------|
| Employee Name from Section 1: | Last Name (Family Name) ? Simons | First Name (Given Name) ? Cathleen | Middle Initial ? M |
|--------------------------------------|---|---|---------------------------------------|

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | | |
|--|--|---|--|--|
| A. New Name (if applicable) ? | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) ? N/A | First Name (Given Name) ? N/A | Middle Initial ? N/A | Date (mm/dd/yyyy) ? N/A | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|---|--|---|
| Document Title ? Employment auth. document (DHS) | Document Number ? N0004705512 | Expiration Date (if any) (mm/dd/yyyy) ? 05/31/2021 |
|---|--|---|

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 ? | Today's Date (mm/dd/yyyy) ? | Name of Employer or Authorized Representative ? |
| Please sign and date! | | |

SEVIS ID: N0004705512

Document Number (Section 3)

| | | |
|--|---|--|
| SURNAME/PRIMARY NAME Doe Smith | GIVEN NAME John | CLASS F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME John Doe-Smith | PASSPORT NAME | |
| COUNTRY OF BIRTH UNITED KINGDOM | COUNTRY OF CITIZENSHIP UNITED KINGDOM | |
| DATE OF BIRTH 01 JANUARY 1980 | ADMISSION NUMBER | |
| FORM ISSUE REASON INITIAL ATTENDANCE | LEGACY NAME John Doe-Smith | |
| | | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME SEVZ School for Advanced SEVIS Studies SEVZ School for Advanced SEVIS Studies | SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson EDSO | SCHOOL CODE AND APPROVAL DATE EAL214F4444000 03 APRIL 2015 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL DOCTORATE | MAJOR 1 Economics, General 45.0601 | MAJOR 2 None 00.0000 |
| NORMAL PROGRAM LENGTH 72 Months | PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient. |
| PROGRAM START DATE 01 SEPTEMBER 2015 | PROGRAM END DATE 31 MAY 2021 | |

Expiration Date (Section

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|--|------------------|
| Tuition and Fees | \$ 23,000 | Personal Funds | \$ 3,000 |
| Living Expenses | \$ 6,000 | Scholarship and Teaching Assistantship | \$ 29,000 |
| Expenses of Dependents (1) | \$ 3,000 | Funds From Another Source | \$ |
| Other | \$ | On-Campus Employment | \$ |
| TOTAL | \$ 32,000 | TOTAL | \$ 32,000 |

REMARKS

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

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 United 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 taken 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 student's qualifications 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). I am a designated school official of the above named school and am authorized to issue this form.

| | | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> | DATE ISSUED 21 April 2015 | PLACE ISSUED Ft. Washington, MD |
| SIGNATURE OF: Helene Robertson, EDSO | | |

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 this form 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 pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

| | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | SIGNATURE OF: John Doe Smith | DATE |
| | <input checked="" type="checkbox"/> | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) |
| | | DATE |

J-1 Visa Example:



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

| | | | | |
|---|----------------------------------|--|---|---|
| Employee Name from Section 1: | | Last Name (Family Name) ? Simons | First Name (Given Name) ? Cathleen | Middle Initial ? M |
| Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) | | | | |
| A. New Name (if applicable) ? | | B. Date of Rehire (if applicable) | | |
| Last Name (Family Name) ? N/A | First Name (Given Name) ? N/A | Middle Initial ? N/A | Date (mm/dd/yyyy) ? N/A | |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. | | | | |
| Document Title ? Employment auth. document (DHS) | | Document Number ? N0004705512 | Expiration Date (if any) (mm/dd/yyyy) ? 05/31/2021 | |
| 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 ? | | Today's Date (mm/dd/yyyy) ? | | Name of Employer or Authorized Representative ? |
| Please sign and date! | | | | |



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119
 09/30/2017
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

| | | | | | | |
|---|--|---|---|----------------------------------|---------------------------------|----------------------------|
| 1. Surname/Primary Name: _____ Given Name: _____ Gender: _____ | | J-1 | NOO SEVIS ID | | | |
| Date of Birth (mm-dd-yyyy): _____ | City of Birth: _____ | | | Country of Birth: _____ | Citizenship Country Code: _____ | Citizenship Country: _____ |
| Legal Permanent Residence Country Code: _____ | Legal Permanent Residence Country: _____ | | | Position Code: _____ | Position: _____ | |
| Primary Site of Activity: Central Connecticut State University, CIE 1615 STANLEY ST NEW BRITAIN, CT 06050-2439 | | | | | | |
| 2. Program Sponsor: Central Connecticut State University | | | | Program Number: P-1-04603 | | |
| Participating Program Official Description: _____ | | | | | | |
| Purpose of this form: _____ | | | | | | |
| 3. Form Covers Period: _____ | | 4. Exchange Visitor Category: _____ | | | | |
| From (mm-dd-yyyy): _____ | Program Start Date | Expiration Date (Section 3) | | | | |
| To (mm-dd-yyyy): _____ | Program End Date | | | | | |
| 5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by: Current Program Sponsor funds : \$2,300.00 Personal funds : \$3,275.00 Total : \$5,575.00 | | | | | | |
| 6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE). | | 7. Oluwatoyin Ayeni Responsible Officer | | | | |
| | | Name of Official Preparing Form Central Connecticut State University 1615 Stanley Street New Britain, CT 06050 | Title 860-832-2052 Telephone Number | | | |
| | | Signature of Responsible Officer or Alternate Responsible Officer | Date (mm-dd-yyyy) | | | |
| 8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. | | | | | | |
| Signature of Responsible Officer or Alternate Responsible Officer | | Date (mm-dd-yyyy) of Signature | | | | |
| PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(g) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(c) of page 3). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-01510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) | | TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) Travel Signature Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer | | | | |
| Name _____ Title _____ | | | | | | |
| Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____ | | | | | | |
| THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (g). | | | | | | |
| EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. | | | | | | |
| Signature of Applicant _____ | | Date (mm-dd-yyyy) _____ | | | | |

Document Number (Section 3)

H1B Visa Example:



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

| | | | |
|--------------------------------------|--|--|----------------------------------|
| Employee Name from Section 1: | Last Name (Family Name) [?] Simons | First Name (Given Name) [?] Cathleen | Middle Initial [?] M |
|--------------------------------------|--|--|----------------------------------|

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | |
|---|---|------------------------------------|--|
| A. New Name (if applicable) [?] | | | B. Date of Rehire (if applicable) |
| Last Name (Family Name) [?] N/A | First Name (Given Name) [?] N/A | Middle Initial [?] N/A | Date (mm/dd/yyyy) [?] N/A |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|---|--|--|
| Document Title [?] Foreign Passport with Form I-94, endorsement | Document Number [?] 858123456789 | Expiration Date (if any) (mm/dd/yyyy) [?] 12/10/2020 |
|---|--|--|

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 [?] Please sign and date! | Today's Date (mm/dd/yyyy) [?] | Name of Employer or Authorized Representative [?] |
|--|--|--|

Most Recent I-94

I-94 Document Number

Admission (I-94) Record Number : **51415565885**

Most Recent Date of Entry: 2017 July 25

Class of Admission **H1B**

Admit Until Date **2/15/2020**

**I-94 Expiration Date
(Authorized to Work Until)
Section 2**

Details provided on the I-94 Information

Last/Surname : 
 First (Given) Name : 
 Birth Date : 
 Passport Number : 
 Country of Issuance : **China**

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-797A, Notice of Action

THE UNITED STATES OF AMERICA

| | | |
|------------------------------------|----------------|--|
| RECEIPT NUMBER XYZ-12-345-67890 | | CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER |
| RECEIPT DATE JanUaIy 1 2016 | PRIORITY DATE | PETITIONER ABC COMPANY LLC |
| NOTICE DATE JanUaIy 23, 2016 | PAGE 1 of 2 | BENEFICIARY DOE, JANE |
| ABC COMPANY LLC | | Notice Type: Approval Notice Class: E2 Valid from 02/03/2016 to 02/02/2018 Consulate: |

**I-94 Expiration Date
(Authorized to Work Until)
Section 2**

Form I-797A (Rev. 09/07/93)N

PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # WAC-10-

I-94# 858 

I-94 Document Number (Section 2)

NAME 

CLASS R1

VALID FROM 06/11/2010 UNTIL 12/10/2012

PETITIONER: 



858346620 12

Receipt Number WAC-10-

Immigration and Naturalization Service

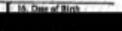
I-94

Departure Record

Petitioner: DIOCESE OF 

14. Family Name 

15. First (Given) Name 

16. Date of Birth 

17. Country of Citizenship 

NOTE:
 I-797A Approval Notice MUST say Texas A&M Engineering Experiment Station OR Texas A&M University as the Company. If you see an I-797A for another company or university please contact Cathleen Karr Simons immediately.

F-1 OPT/STEM OPT EXAMPLE:



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

| | | | | |
|--|------------------------------------|---|--|-----------------------|
| Employee Name from Section 1: | | Last Name (Family Name) ? Simons | First Name (Given Name) ? Cathleen | Middle Initial ? M |
| Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) | | | | |
| A. New Name (if applicable) ? | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) ? N/A | First Name (Given Name) ? N/A | Middle Initial ? N/A | Date (mm/dd/yyyy) ? N/A | |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. | | | | |
| Document Title ? Employment Auth. Document (Form I-766) | Document Number ? SRC0000000812 | Expiration Date (if any) (mm/dd/yyyy) ? 05/20/2019 | | |
| 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 ? <div style="border: 1px solid red; padding: 5px; text-align: center;">Please sign and date!</div> | Today's Date (mm/dd/yyyy) ? | Name of Employer or Authorized Representative ? | | |



Expiration Date (Section 3)

Document Number (Section 3)

Unique Form I-9 Employment Authorization Auto-Extensions:

To complete please contact Cathleen Karr Simons at
ckarr17@exchange.tamu.edu

Unique Examples:

F-1 OPT to F-1 STEM OPT

- Employee must present ENDORSED I-20 from their degree granting institution, recommending the employee for a STEM extension.
 - 180-Day STEM Extension is completed on their Form I-9.
 - This allows their work authorization to be extended for a reasonable amount of time until the employee receives their new EAD card.
 - Once employee receives their new EAD card, a Section 3 Re-Verification will need to be completed.

H1B Extension

- Employee is currently on an H1B and their H1B is being extended, if the petition has been filed prior to the expiration of the current H1B
 - 240-Day Extension is completed on their Form I-9.
 - This allows their work authorization to be extended for a reasonable amount of time until the employee receives their new I-797 Approval Notice.
 - Once employee receives their new I-797, a Section 3 Re-Verification will need to be completed.