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)

Please contact Cathleen Karr Simons at ckarr17@exchange.tamu.edu with any additional questions.
Current Form I-9 Reverification Process

I-9 Partner will send I-9 Processors emails regarding upcoming Form I-9 expirations (based on reports from Workday, Guardian and E-Verify).

I-9 Processors will review the list and contact individuals to bring in documentation to extend their work authorization.

Once I-9 Processor has received documentation from employee, I-9 Processor will complete re-verification in Guardian or contact I-9 Partner to have I-9 moved from Workday to Guardian.

I-9 Processor will complete Section 3 Re-Verification in Guardian and upload any photo ID documents (see cover page) to the OnDocs section of the employee's profile in Guardian.

I-9 Partner will review Section 3 Re-Verification and approve in Guardian. If an error is discovered, I-9 Partner will contact I-9 Processor to correct.
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 (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)  First Name (Given Name)  Middle Initial  Date (mm/dd/yyyy)

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 (if any) (mm/dd/yyyy)

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
Permanent Resident EXAMPLE:

<table>
<thead>
<tr>
<th>Employee Name from Section 1:</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simons</td>
<td>Cathleen</td>
<td>M</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perm. Resident Card (Form I-551)</td>
<td>LIN00000000319</td>
<td>05/20/2019</td>
</tr>
</tbody>
</table>

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.

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<thead>
<tr>
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</thead>
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United States of America
Permanent Resident

[Image of Permanent Resident card]
**F-1 Visa EXAMPLE:**

<table>
<thead>
<tr>
<th>Employee Name from Section 1:</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Simons</td>
<td>Cathleen</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment auth. document (I-9)</td>
<td>N0004705512</td>
<td>05/31/2021</td>
</tr>
</tbody>
</table>

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.

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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SEVIS ID: N0004705512

SURNAME/PRIMARY NAME: Doe-Smith
MAIDEN NAME: John Doe-Smith
COUNTRY OF BIRTH: UNITED KINGDOM
DATE OF BIRTH: 01 JANUARY 1993
FORM ISSUE REASON: INITIAL ATTENDANCE
INITIAL ATTENDEE: John Doe-Smith

SCHOOL INFORMATION
SCHOOL NAME: SEVIS School for Advanced SEVIS Studies
SCHOOL ADDRESS: 5002 Nancy Lane, Ft. Washington, MD 20746
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL: Helene Robertson
EMAIL: HLR21479@1111
SEVIS SCHOOL CODE AND APPROVAL DATE: 03 APRIL 2015

PROGRAM OF STUDY
EDUCATION LEVEL: MAJOR 1
COUNTRY: Economics, General 15,000
MAJOR 2: Econometrics 20,000
NATIONAL PROGRAM LENGTH: 12 MONTHS
ENGLISH PROFICIENCY: REQUIRED
ENGLISH PROFICIENCY NOTES: STUDENT IS PROFICIENT
PROGRAM START DATE: 01 SEPTEMBER 2015
PROGRAM END DATE: 31 MAY 2021

FINANCIALS
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS
Tuition and Fees: $23,000
Living Expenses: $6,000
Expenses of Dependents (1): $3,000
OTHER: $1,000
TOTAL: $32,000
STUDENTS FUNDING FOR: 9 MONTHS
Personal Funds: $3,000
Scholarship and Teaching Assistantship: $29,000
Funds From Another Source: $0
On-Campus Employment: $0
TOTAL: $29,000

REMARKS

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 and 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 in 8 CFR 1.310(b)(4). If a designated school official of the above named school and am authorized to issue this form.

N. SIGNATURE OF: Helene Robertson, 2099
DATE ISSUED: 21 APRIL 2015
PLACE ISSUED: FT. WASHINGTON, MD

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 certify that the school does not release any information from my records required by DHS pursuant to 8 CFR 214.11(g) to determine my Nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

N. SIGNATURE OF: John Doe-Smith
DATE

NAME OF PARENT OR GUARDIAN
ADDRESS (City/State or Province/Country)

ICE Form I-20 A-B (12/2016)
### J-1 Visa Example:

#### Employment Eligibility Verification

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

<table>
<thead>
<tr>
<th>Employee Name from Section 1:</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cathleen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment auth. document (I-90)</td>
<td>N0004705512</td>
<td>05/31/2021</td>
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</tbody>
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<th>Signature of Employer or Authorized Representative</th>
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<tr>
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<td></td>
</tr>
</tbody>
</table>
H1B Visa Example:

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

Employee Name from Section 1:

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<thead>
<tr>
<th>Last Name (Family Name)</th>
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</thead>
<tbody>
<tr>
<td>Simons</td>
<td>Cathleen</td>
<td>M</td>
</tr>
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</table>

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

A. New Name (if applicable)

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<th>First Name (Given Name)</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
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<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Passport with Form I-76, endorsement</td>
<td>058123456789</td>
<td>12/10/2020</td>
</tr>
</tbody>
</table>

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.

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F-1 OPT/STEM OPT EXAMPLE:

Employee Name from Section 1: Simons, Kathleen

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

A. New Name (if applicable) N/A
   Last Name (Family Name) N/A
   First Name (Given Name) N/A
   Middle Initial M

B. Date of Rehire (if applicable) N/A
   Date (mm/dd/yyyy) 05/20/2019

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 Authorization (Form I-766)
   Document Number SRC0000000012
   Expiration Date 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 
Today’s Date (mm/dd/yyyy) 05/20/2019
Name of Employer or Authorized Representative 

EHR 5/2018
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.