FORM I-9 INSTRUCTIONS FOR REMOTE VERIFICATION
For use by employees and Authorized Representatives

Please call the Office of Human Resources at (920) 465-2390 with any questions about completing the Form I-9.

EMPLOYEE

As part of the conditions of employment, the Form I-9 (http://www.uscis.gov/sites/default/files/files/form/i-9.pdf) must be completed to verify your identity and work authorization. This is a federal requirement. Verification must be done within three days of the first day of work or the first day of the contract. It may be completed sooner, as long as there has been an offer of employment.

INSTRUCTIONS:

2. Please read the instructions by clicking on the Instructions button, and complete Section 1 of the Form I-9. As noted in the instructions, several of the blanks require the employee to put N/A if the information isn’t applicable (refer to Pages 2-3 of these instructions as a quick reference of those requirements).
3. Click on “Click to Finish” to highlight any errors that may have been made. Print and sign Page 1 of Form I-9 after all corrections, if any, have been made.
4. Review the list of acceptable documents.
5. Bring your completed Section 1 (Page 1), along with the acceptable documents of your choosing, your offer letter indicating your start date, and these instructions to one of the following to act as an Authorized Representative:
   • Attorney   • Banking Associate   • Accountant
   • Notary Public   • Human Resources Personnel   • Other UWGB-Approved Individual

AUTHORIZED REPRESENTATIVE

Thank you for being an Authorized Representative on behalf of the University of Wisconsin – Green Bay by verifying our employee’s identity and work authorization for us to meet this federal requirement of the Form I-9.

Our employee must present to you:

1. The completed Section 1 of the Form I-9, which they have signed and dated.
2. Their documents on the list of acceptable documents (one from List A OR a combination of a List B and List C document).

As an Authorized Representative of UW-Green Bay:

4. Verify the employee has completed Section 1, including N/As for blanks not applicable, and has signed and dated the form.
5. Examine the documents presented. Documents must be original and unexpired.
6. Make photocopies of the presented documents to submit with the form.
7. Complete the document details in the appropriate list in Section 2 (Page 2) by utilizing the online Form I-9.
8. Read the Certification.
9. Enter employee’s start date for UW-Green Bay as listed on the employee’s offer letter (provided by the employee).
10. Enter Authorized Representative and UWGB information in blanks shown in example below.
11. Click on “Click to Finish” to highlight any errors that may have been made. Print and sign Page 2 of Form I-9 after all corrections, if any, have been made.
12. Once completed by the Authorized Representative, the Form I-9 (completed and signed Sections 1 and 2), along with photocopies of the documents, must be delivered, faxed, or mailed to the UWGB employee who requested Form I-9.
13. Since you are acting as an Authorized Representative on behalf of the University of Wisconsin-Green Bay, please use the following information

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.)

Signature of Employer or Authorized Representative

Date (mm/dd/yyyy)

Title of Employer or Authorized Representative

Authorized Representative

Employee’s Business or Organization Address (Street Number and Name)

City or Town

State Zip Code

University of Wisconsin - Green Bay

Employee’s Business or Organization Name

University of Wisconsin-Green Bay

2420 Nicolet Drive

Green Bay, WI 54311
This I-9 Form example is meant to serve as a quick reference guide for authorized representatives not utilizing the online I-9 Form. It is not meant to replace the formal instructions for this document. When possible, please utilize the online form at [https://www.uscis.gov/i-9](https://www.uscis.gov/i-9).

**Page 1, Section 1 – Filled out by the employee only.**

Most blanks in this section require the employee to enter N/A if the information isn’t applicable or if they’d prefer not to provide the information (ex., email address). To help illustrate where N/As are required, they are “starred” on the attached example I-9 form.

The Preparer and/or Translator Certification portion also has a star to serve as a reminder that the employee must check one of the boxes.

If the employee makes a mistake, he/she must draw one line through the error and make the correction. Next to the correction, he/she must initial and date when the change was made.

After completion, the employee must print and sign Page 1.

**Page 2, Section 2 – Filled out by the employer or authorized representative (a person not employed by UWGB)**

Several blanks in this section require N/A if the information isn’t applicable. To help illustrate where N/As are required, they are “starred” on the attached example I-9 form. Documents listed under Lists A, B, and C must have the corresponding information filled in. For example, if you listed one document under List A, any requested information for that document that doesn’t apply, would be filled in with N/A. The Social Security Card shown under List C is an example of a document where all the requested information doesn’t apply (expiration date).

The lower section of Page 2 requires the signature of either the employer or authorized representative who is verifying the original documents from Lists A, B, and C.

When filling out the certification section, the authorized representative must put in his/her own personal information, except in the blanks requiring the “Employer’s” information. Those blanks should contain UWGB information only (see attached example I-9 form).

After completion, the authorized representative must print and sign the certification section on Page 2.

Section 3 is for UWGB HR use only.

The I-9 form and supporting documents CANNOT be emailed due to their sensitive nature. Please either fax or mail the I-9 Form, along with a copy of the documents verified, to the UWGB employee you are working with on campus.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>John</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 Circle Dr</td>
<td>N/A</td>
<td>Green Bay</td>
<td>WI</td>
<td>54311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/08/1977</td>
<td>1 2 3 - 4 5 - 6 7 8 9</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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 attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A
   Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A
2. Form I-94 Admission Number: N/A
3. Foreign Passport Number: N/A
   Country of Issuance: N/A

Signature of Employee

Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.
☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
   (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today’s Date (mm/dd/yyyy)

Last Name (Family Name) | First Name (Given Name)
------------------------|------------------------

Address (Street Number and Name) | City or Town | State | ZIP Code
---------------------------------|--------------|-------|----------

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>AND</td>
<td>Document Title</td>
</tr>
<tr>
<td>N/A</td>
<td>Driver's license issued by state/territory</td>
<td>Social Security Card (Unrestricted)</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>U.S. Department of Health and Human Serv</td>
</tr>
<tr>
<td>N/A</td>
<td>Wisconsin</td>
<td>N/A</td>
<td>123456789</td>
</tr>
<tr>
<td>N/A</td>
<td>Document Number</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
<tr>
<td>N/A</td>
<td>C456-1235-456789</td>
<td>01/01/2020</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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): 01/20/2017

(See instructions for exemptions)

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

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</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)(mm/dd/yyyy)</th>
</tr>
</thead>
</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.

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Name of Employer or Authorized Representative