# 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:

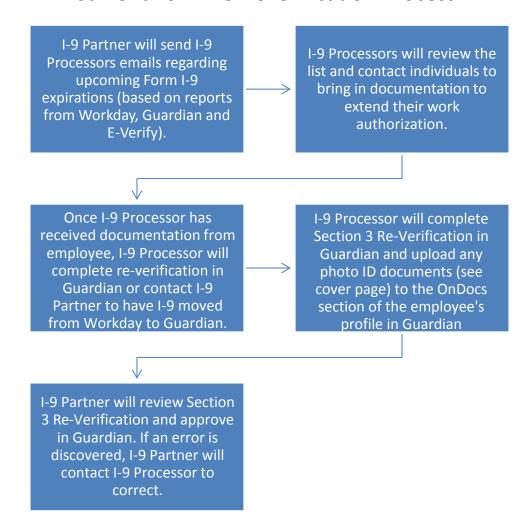
- Employment Authorization Document (List A or C) has an expiration date
- Form I-94 with temporary I-551 stamp
- An unexpired foreign passport with a temporary I-551 stamp
- Expired Permanent Resident Card presented with a I-797 Notice of Action

## 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 (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	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 Da		ate (mm/dd/yyyy)	Name of E	mployer or	Authorized Representative			

Form I-9 07/17/17 N Page 2 of 3

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

2



# **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) ③ Simons	ame (Given Name) 🗿 Leen	Middle Initial 🕙				
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)							
A. New Name (if applicable) ③			B. Date of Rehire (if applicable	e)			
Last Name (Family Name) ② N/A	mily Name) ③ First Name (Given Name) ③ Middle Initial ③ Date (mm/dd/yyy N/A N/A 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 ②	Document Nun	nber 🕐	Expiration Date (if a	ny) (mm/dd/yyyy) 🕐			
Perm. Resident Card (Form I-551)	<b>▼</b> LIN00000003	19	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 ③ Today's Date (mm/dd/yyyy) ③ Name of Employer or Authorized Representative ③							
Please sign and date!							

3





# **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:	1:			ame ( <i>Given Name</i> ) ① Leen	Middle Initial ② M	
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)						
A. New Name (if applicable) ③				B. Date of Rehire (if applicable)		
Last Name (Family Name) (2)	First Name (Given Name) (3)	Middle Initia	al 🕐	Date (mm/dd/yyyy) (3)		
N/A	N/A	N/A		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 ③	Document Nun	nber 🕐		Expiration Date (if any	(mm/dd/yyyy) 🕙	
Employment auth. document (DHS)	▼ N0004705512			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 si	Please sign and date!					

#### Department of Homeland Security

U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

SEVIS ID: N0004705512 **Document Number (Section 3)** 

SURNAME/PRIMARY NAME

Doe Smith

PREFERRED NAME ohn Doe-Smith

COUNTRY OF BIRTH

UNITED KINGDOM DATE OF BIRTH 01 JANUARY 1980

FORM ISSUE REASON INITIAL ATTENDANCE GIVEN NAME

John

PASSPORT NAME

COUNTRY OF CITIZENSHIP

UNITED KINGDOM ADMISSION NUMBER

LEGACY NAME

John Doe-Smith

CLASS

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Helene Robertson

SCHOOL ADDRESS

9002 Nancy Lane, Ft. Washington, MD 20744

MAJOR 2 Mone 00.0000

ENGLISH PROFICIENCY NOTES

SCHOOL CODE AND APPROVAL DATE

STUDENT'S FUNDING FOR: 9 MONTHS

03 APRIL 2015

PROGRAM OF STUDY

NORMAL PROGRAM LENGTH

EDUCATION LEVEL DOCTORATE

MAJOR 1

Economics, General 45,0601

PROGRAM ENGLISH PROFICIENCY

PROGRAM END DATE

Student is proficient

PROGRAM START DATE

01 SEPTEMBER 2015

31 MAY 2021 **Expiration Date (Section** 

TOTAL

Personal Funds

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS Tuition and Fees

5 23,000 6,000 Living Expenses S \$ Expenses of Dependents (1) 3,000 Other 5

Scholarship and Teaching Assistantship \$ 29,000 Funds From Another Source On-Cambus Employment

32,000

3,000

REMARKS

TOTAL

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

#### SCHOOL ATTESTATION

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.

DATE ISSUED PLACE ISSUED SIGNATURE OF: Helene Robertson, PDSO 21 April 2015 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. Lalso 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.

X			
SIGNATURE OF: John Doe Smith		DATE	
	X		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

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ICE Form I-20 A-B (12/2016)

Page 1 of 3

#### 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 No						Middle Initial 🕐 M	
	SIMOIIS Cati			Catili	reen M			
Section 3. Reverification and	Rehires (To be comple	eted and signed	d by emp	loyer o	r authorize	ed representative.)		
A. New Name (if applicable) ③ B. Date of Rehire (if appli					Rehire (if applicable)			
Last Name (Family Name) 🕑	First Name (Given Nan	First Name (Given Name) (3) Middle Initial (3)		nitial 🕐	Date (mm/dd/yyyy) ③			
N/A	N/A		N/A		N/A			
5. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes ontinuing employment authorization in the space provided below.							tablishes	
Document Title ③		Document Num	ber 🕙			Expiration Date (if any)	mm/dd/yyyy) 🕙	
Employment auth. document (DHS)	▼	N0004705512				05/31/2021		
attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if he 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 Re	presentative 🕖 Today's Da	ate (mm/dd/yyyy)	Nam	ne of Em	nployer or A	uthorized Representat	ive 🕐	
Pleases	ian and datel							

EHR 5/2018

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#### 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

t. Surname/Primary Name: Give				
	n Name:	Gender:	NOO. SEVISID	
Date of Birth/mm-&Lyyyy3: City of Birth: Cou	ntry of Birth: Citizenship Country Code:	Citizenship Country:	J-1	Document Number (Section 3
egal Permanent Residence Country Code: Legal Permanent Residence	Country: Position Code: Pasition:		- "	·
rimary Site of Activity: Central Connecticut State 1615 STANLEY ST NEW BRITAIN, CT 06050-243				
. Program Speasor: Central Connecticut State U articipating Program Official Description:	niversity	Program Number: P-1-0460	3	
arpose of this form:				
urpose of this form:				
Form Covers Period: 4. Exchang	e Visitor Category:			
Prom (mm-Al-3335): Program Start Date   Expiratio	n Date (Section 3)			
To (non-dd-yyyy): Program End Date	a Code: Subjeturies Code remarks:			
. During the period covered by this form, the total estimated financial su	pport (In U.S. 5) is to be provided to the exchange visitor by:			
Current Program Sponsor funds : \$2,300.00 Personal funds : \$3,275.00 Total : \$5,575.00				
				1
U.S. DEPARTMENT OF STATE / DIIS USE OR CERTIFICATION E RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER	ER OLUMNOOYLII MYSIIL	Re	sponsible Officer	
1615 Stanley Street		rsity 860-832-2052		
TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).	Central Connecticut State Unive	rsity	860-832-2052	_
TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).	Central Connecticut State Unive 1615 Stanley Street New BritashnefiQ表od605Mccroc Allternate Res	esponsible Officer	860 - 832 - 2052 Telephone Number	
Sistement of Responsible Officer for Releasing Sponsor/FOR TRANS	Central Connecticut State Unive 1615 Stanley Street New Britanin of 10250/1696 Street or Alternate Res Signature of Responsible Officer or Alternate Res	ponsible Officer	860-832-2052	
Statement of Responsible Officer for Releasing Sponsor/FOR TRANSP	Central Connectiout State Unive 1615 Stanley Street New Britachn et ICE of 160 Sincer or Alternate Res Signature of Responsible Officer or Alternate Res	ponsible Officer	860 - 832 - 2052 Telephone Number	
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#### H1B Visa Example:



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

USCIS

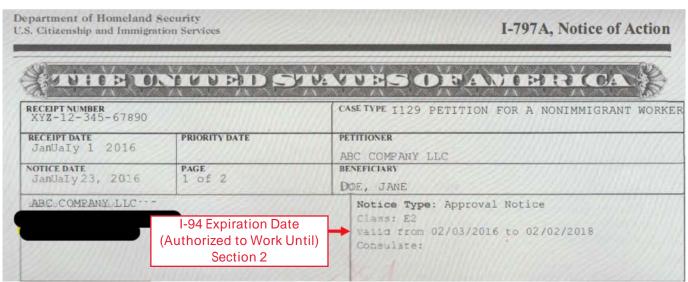
**Form I-9**OMB No. 1615-0047
Expires 08/31/2019

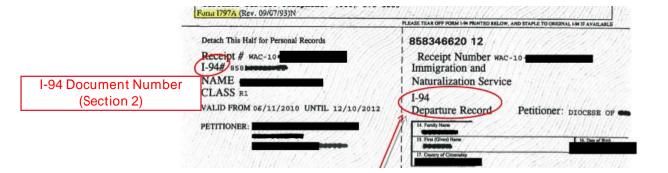
Empl	oyee Name from Section 1:	Last Name (Family Name) (7) First N Simons Cath			ame (Given Name) ① Leen	Middle Initial ③
Secti	on 3. Reverification and Re	hires (To be completed and signed	d by emp	loyer o	or authorized representative.)	
A. New	Name (if applicable) 🕐				B. Date of Rehire (if applicable)	
Last N	ame (Family Name) 🕑	First Name (Given Name) (3)	Middle Ir	nitial 🕐	Date (mm/dd/yyyy) 🔞	
N/A		N/A	N/A		N/A	
	e employee's previous grant of emploing employment authorization in the s	yment authorization has expired, provide space provided below.	e the infor	mation f	for the document or receipt that es	stablishes
Docum	ent Title 🕐	Document Num	ber 🕐		Expiration Date (if any)	) (mm/dd/yyyy) 📵
Foreign Passport with Form I-94, endorsement		ent 85812345678	<b>▼</b> 858123456789		12/10/2020	
		o the best of my knowledge, this en the document(s) I have examined a				
Signati	ure of Employer or Authorized Repres	sentative 📵 Today's Date (mm/dd/yyyy)	Nam	ne of En	nployer or Authorized Representa	tive 🕐
	Please sig	n and date!			·	

EHR 5/2018

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#### 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.

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## 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) 💿 Fi		First Name (Given Name) 💿			Middle Initial 🔮	
Employee Name from Section 1.	Simons Ca			Cathleen 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) 🕙	First Name (Given Name) 🕐	(Given Name) (3) Middle Initial (3) Date (mm/dd/yyyy) (3)			/dd/yyyy) 📵		
N/A	N/A	N/A	A 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 ③	Document Num	ber 🕐			Expiration Date (i	f any) (mm/dd/yyyy) 🗿	
Employment Auth. Document (Form I-766)	▼ SRC000000812				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) 🕚 Name of Employer or Authorized Representative 🕚						sentative 🕙	
Please sig	n and date!						



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Expiration Date (Section 3)

Document Number (Section 3)

## Unique Form I-9 Employment Authorization Auto-Extensions:

To complete please contact Cathleen Karr Simons at <a href="mailto:ckarr17@exchange.tamu.edu">ckarr17@exchange.tamu.edu</a>

## **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
  - o 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.