Instructions for Form I-9

- Complete Form I-9 each time you hire any person to perform labor or services. It must be completed on or prior to the employee's first day of work. This includes re-hires, regardless of their termination date.
- Ensure that the employee fully completes Section 1 of the Form I-9 at the time of hire- when the employee begins work.
- Review the employee's documents and fully complete section 2 of the form **before** or within **three** business days of the first day of work.
- Send completed Form I-9 and appropriate documentation to the HR Service Center by one of the following ways:
 - (a) E-mail (hrsvctr@ua.edu)
 - (b) Deliver in person to Rose Admin., G-69
 - (c) Campus Mail (Box 870364)

The following pages list the step-by-step instructions for completing Form I-9.

Please call the HR Service Center at 348-7732 with any questions.

Section 1- Employee Information and Attestation

Have the employee complete Section 1 when he or she begins to work by filling in the correct information and signing and dating the form. Ensure that the employee prints the information clearly.

If the employee cannot complete Section 1 without assistance, or if he or she needs Form I-9 translated, someone may assist him or her. The preparer or translator must read the form to the employee, assist him or her in completing Section 1, and have the employee sign or mark the form in the appropriate place. The preparer or translator must then complete the Preparer/ Translator Certification block on Form I-9.

You are responsible for reviewing and ensuring that your employee fully and properly completes Section 1.

NOTE: Because we participate in E-Verify, employees must complete the Social Security Number.

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Last Name (Family Name)		me (Given Name			arnes Used (if any)		
Doe	John		A	N/A			
Address (Street Number an	d Name)	Apt. Number	City or Town		State	Zip Code	
123 Main Street		1	Washington	L	DC	20000	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Numbe				1	hone Number	
01/01/1960	000-00-0000	johndoel	email.com		(20	2) 123-4567	
A citizen of the United A noncitizen national A lawful permanent re An alien authorized to w (See instructions) For aliens authorized 1. Alien Registration is	f perjury, that I am (chec	instructions) Number/USCI pplicable, mm/do	S Number): d/yyyy) 02/28/2015 Number/USCIS Number (Admiss		
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Section 1- Employee Information and Verification

Figure 1: Completing Section 1: Employee Information and Verification

- Enter your full legal name and other names that you have used in the past or present (e.g., maiden name) if any.
 - If you have two last names (family names), include both. If you hyphenate your last name, include the hyphen (-) between the names.
 - If you have two first names (given names), include both. If you hyphenate your first name, include the hyphen (-) between the names.
 - Include your middle initial, if applicable.
 - Enter N/A if you have no middle initial or have not used other names.
 - Enter your home Address, Apt. Number, City or Town, State and Zip Code. Enter N/A if you have no Apt. Number. You may not enter a P.O. Box in this field. If you have no street address, enter a description of the location of your residence, such as "9 miles south of I-81, to the left of the water tower."
- Enter your Date of Birth, Social Security Number, E-mail Address and Telephone Number. Entering the Social Security number is optional unless your employer confirms employment authorization using E-Verify. Entering your e-mail address or telephone number is voluntary. If you choose not to enter your e-mail address or telephone number, enter N/A in these fields.
- Read the warning and attest to your citizenship or immigration status by checking the appropriate box.
- 5 Sign and date the form.
- If you use a preparer or translator to fill out the form, that person must certify that he or she assisted you by completing the Preparer and/or Translator Certification Block. If you require multiple preparers and/or translators, subsequent preparers and/or translators must complete the Preparer/Translator Certification of a second Form I-9 and attach that page to your form.

Section 2- Employer or Authorized Representative and Verification

The employee must present to you an original document or documents that establish identity and employment authorization (List A). Other documents establish identity only (List B) or employment authorization only (List C). The employee can choose which document(s) he or she wants to present from the Lists of Acceptable Documents. This list appears on the last page of Form I-9. **You may not accept expired documents.**

Examine the original document or documents the employee presents and then fully complete Section 2 of Form I-9. You must examine one document from List A, or one from List B AND one from List C. Record the title, issuing authority, number, and expiration date (if any) of the document(s); fill in the date of hire and correct information in the certification block; and sign and date Form I-9. You must accept any documents(s) from the Lists of Acceptable Documents presented by the individual that reasonably appear to be genuine and to relate to the person presenting them. You may not specify which document(s) an employee must present. If an employee cannot present the necessary documents to complete section 2, he/she must present a receipt for the application for the documents within 3 days. The individual then has 90 days from the date of hire to present the actual documents or be terminated. If a receipt is presented, write the word "receipt" on the document line. As soon as the actual document arrives, the employee must bring the document to Human Resources, Rose Administration Building, Room G69.

(Employers or their authorized represental must physically examine one document fro the "Lists of Acceptable Documents" on the issuing authority, document number, and e	om List A OR examine a co e next page of this form. Fi	n Section 2 within 3	business days cument from L	of the employe ist B and one d	ocumeni	HOITI LISI U da maieu u
Employee Last Name, First Name and N	liddle Initial from Section	าร์ Doe, John	A .			
List A Identity and Employment Authorization	OR List in Iden		AND	Emple	List C	Authorization
Document Title:	Document Title:		ι	ocument Title:		
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Das/USCIS Document Number:	Document Number	er:		Ocument Num	ber:	
XXX1234567891 Expiration Date (if any)(mm/tid/yyyy): 02/28/2015	Expiration Date (i	f any)(mm/dd/yyyy):	E	xpiration Date	(if any)(i	mm/dd/yyyy):
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Issuing Authority:						
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lasuing Authority:						
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Certification I attest, under penalty of perjury, th above-listed document(s) appear to employee is authorized to work in t	be genuine and to re he United States.	late to the emplo	yee named,	and (3) to the	a Dear c	it tilly knomice de i
Certification I attest, under penalty of perjury, th above-listed document(s) appear to employee is authorized to work in t The employee's first day of employ	be genuine and to re he United States. ment <i>(mm/dd/yyyy)</i> :	16/30/2013	(See Instr	uctions for e	xempti	ions.)
Certification I attest, under penalty of perjury, th above-listed document(s) appear to employee is authorized to work in t The employee's first day of employ Signature of Employer or Authorized Repr	he genuine and to re he United States. ment (mm/dd/yyyy):	late to the emplo	(See Instr	uctions for e	xempti	it tilly knomice de i
Certification I attest, under penalty of perjury, th above-listed document(s) appear to employee is authorized to work in t The employee's first day of employ	he genuine and to re he United States. ment (mm/dd/yyyy):	06/30/2013 Date (mm/dd/yyyy) 07/02/2013	(See Instr	uctions for e imployer or Au inager	xempti	ions.)

Section 2- Employer or Authorized Representative and Verification

Figure 2: Section 2: Employer or Authorized Representative Review and Verification

(1)	Enter the employee's name from Section 1 at the top of Section 2.
-----	---

Enter the document title(s), issuing authority, document number, and the expiration date from original documents supplied by employee.

NOTE: If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter the student's Form I-20 or DS-2019 number (Student and Exchange Visitor Number – SEVIS Number); and the program end date from Form I-20 or DS-2019.

(3)	Enter the first day of employment for wages or other remuneration (i.e., date of hire) in the space for "The employee's first day of employment (mm/dd/yyyy)." Recruiters and recruiters for a fee do not enter the em-
U	employee's first day of employment (mm/dd/yyyy)." Recruiters and recruiters for a fee do not enter the em-
	ployee's first day of employment.

4	Employer or authorized representative attests to physically examining the documents provided by signing and dating the signature and date fields.
---	---

5 Enter the business name and ad-	dress
-----------------------------------	-------

In certain circumstances, employers must accept a receipt in lieu of a List A, List B, or List C document if one is presented by an employee. Acceptable receipts an employee can present are listed in Table 1 below.

When an employee provides an acceptable receipt, enter the documentation title in Section 2 of Form I-9, enter the word "receipt" and its document number in the "Document #" space, and enter the last day that the receipt is valid in the "Expiration Date" field. When the employee presents the actual document, draw a straight line through the word "receipt" and any accompanying document number and expiration date, insert the number from the actual document presented, and initial and date the change.

A receipt indicating that an individual has applied for an initial Employment Authorization Document (I-766) or for an extension of an Employment Authorization Document (From I-766) is **NOT** acceptable proof of employment authorization on Form I-9. Receipts are never acceptable if employment lasts fewer than three business days.

Table 1: Receipts

Receipt	Who may present this receipt?	Is this receipt proof of employment authorization and/or identity?	How long is this receipt valid?	What must the employee present at the end of the receipt validity period?
A receipt for a replacement of a lost, stolen, or damaged document	All employees	A receipt fulfills the verification requirements of the document for which the receipt was issued (can be List A, List B, or List C)	90 days from date of hire or, for reverification, the date employment authorization expires	The actual document for which the receipt was issued
The arrival portion of the Form I-94 or I-94A containing a Temporary I-551 stamp and photograph	Lawful Permanent Residents	Employment authorization and identity (List A)	Until the expiration date of the Temporary I-551 stamp or, if no expiration date, one year from date of issue	The actual Form I-551 (Permanent Resident Card, or "green card")
The departure portion of Form I-94 or I-94A with an unexpired refugee admission stamp	Refugees	Employment authorization and identity (List A)	90 days from date of hire or, for reverification, the date employment authorization expires	An unexpired EAD (Form I-766) or a combination of a valid List B document and an unrestricted Social Security card

Section 3- Reverification and Rehires

Human Resources will use this section to update the work authorization status of an employee. You will not complete this section.

If you are rehiring an employee after a break in service (no matter the length of time), you must complete a **new** Form I-9.

List of Acceptable Documents

Employees may present a document from List A or one from List B and C.
All documents must be unexpired.

Citizens of the U.S. may present:

List A (Establishes identity and work authorization)

• U.S. Passport or passport card

List B (Establishes identity only) (Must have photo)

- Driver's License or ID card issued by a state or outlying possession of the US
- ID card issued by federal, state or local government agencies or entities
- School ID card with a photograph
- Voter's registration card
- U.S. military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

Non-citizen nationals of the U.S. may present:

List A (Establishes identity and work authorization)

U.S. Passport or passport card

List B (Establishes identity only) (Must have photo)

- Driver's License or ID card issued by a state or outlying possession of the US
- ID card issued by federal, state or local government agencies or entities
- School ID card with a photograph
- U.S. military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card

List C (Establishes work authorization only)

- Social Security Card
- Certification of Birth Abroad issued by the Dept. of State (Form FS-545)
- Certification of Report of Birth from Dept. of State (Form DS-1350)
- Original birth certificate or certified copy with official seal
- Native American tribal document
- U.S. Citizen ID Card (Form I-197)
- ID Card for Use of Resident Citizen in the US (Form I-179)
- Receipt for lost, stolen or damaged Social Security Card (only good for 90 days)

List C (Establishes work authorization only)

- Social Security Card (no restrictions)
- Original birth certificate or certified copy with official seal
- Employment authorization document issued by DHS
- Receipt for lost, stolen or damaged Social Security Card (only good for 90 days)

List of Acceptable Documents

Employees may present a document from List A or one from List B and C.
All documents must be unexpired.

Lawful permanent residents may present:

List A (Establishes identity and work authorization)

- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Foreign passport with I-551 Stamp or Printed Notation on machine-readable Visa

List B (Establishes identity only) (Must have photo)

- Driver's License or ID card issued by a state or outlying possession of the US
- ID card issued by federal, state or local government agencies or entities
- School ID card with a photograph
- Voter's registration card
- U.S. military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Driver's license issued by a Canadian government authority

Aliens authorized to work may present:

List A (Establishes identity and work authorization)

- Foreign Passport with I-94 or I-94A and I-20 (F-1)
- Foreign Passport with I-94 or I-94A and DS2019 (J-1)
- Foreign Passport with I-94 or I-94A (H1-B)
- Employment Authorization Document with photo (Form I-766)
- FSM or RMI Passport with I-94 and I-94A

List B (Establishes identity only)(Must have photo)

- Driver's License or ID card issued by a state or outlying possession of the US
- ID card issued by federal, state or local government agencies or entities
- School ID card with a photograph
- Driver's license issued by a Canadian government authority

List C (Establishes work authorization only)

- Social Security Card (no restrictions)
- Receipt for lost, stolen or damaged Social Security Card (only good for 90 days)

List C (Establishes work authorization only)

- Social Security Card (no restrictions)
- Employment authorization document issued by DHS, along with I-94
- Receipt for lost, stolen or damaged Social Security Card (only good for 90 days)

Tips for International Employees

International faculty, staff and students may be employed at the University of Alabama in several different visa categories. Employment visas most often used for faculty and staff are J-1, H-1-B, and TN. Visas most often used for students are F-1 and J-1.

F-1 Student

Student may work a maximum of 20 hours per week when school is in session. Such employment may be full time during vacation periods (Summer, Winter and Spring breaks) for a student who is eligible and intends to register for the next academic term. To remain eligible for on campus employment, the student must enroll full time during the Spring and Fall terms and maintain valid USCIS documents.

Most students will present an **I-20** Certificate of Eligibility (endorsed by UA's Capstone International Center) in <u>combination</u> with **I-94** Arrival/Departure form and an **unexpired foreign passport**. Information contained on these documents can be used to complete the I-9 form as follows:

Section 1 – Information attesting to work authorization expiration date is (item #5) on the I-20. The Admission # is the eleven digit number on the I-94.

Section 2 – Information to complete the first block comes from the foreign passport. Information to complete the second block comes from the I-94. Information to complete the third block comes from the I-20.

<u>**I-1 Visitor**</u> (Student, Research Scholar, Professor, etc.)

An exchange visitor program J visa permits an individual to enter the U.S. for study, teaching, research or training. The individual presents a DS-2019 to an American Embassy or Consulate abroad to obtain a J-1 visa. The person is obligated to engage in the activities specified on the form while in the United States.

Most J-1 visa holders will present a **DS-2019** Certificate of Eligibility in <u>combination</u> with the **I-94** form and an **unexpired foreign passport**. Information contained on these documents can be used to complete the I-9 form as follows:

Section 1 – Information attesting to work authorization expiration date is (item #3) on the DS-2019. The Admission # is the eleven digit number on the I-94.

Section 2 – Information to complete the first block comes from the foreign passport. Information to complete the second block comes from the I-94. Information to complete the third block comes from the DS-2019.

Other Visa Categories:

TN (Trade visas for Canada and Mexico)

H-IB (Specialty Occupations) are authorized to work ONLY for the employer who petitioned for them to be admitted to the United States. These foreign nationals will usually present an **I-94 or I-797** and an **unexpired foreign passport**.

Section 1 – Information attesting to work authorization expiration date is noted on the I-94 or I-797. The Admission # is the eleven digit number on the I-94.

Section 2 – Information to complete the first block comes from the foreign passport. Information to complete the second block comes from the I-94 or the I-797. The third block should be left blank.

Examples of completed I-9 forms are attached to assist you in completing the form. To comply with federal guidelines, it is imperative that the information be accurate and complete (including required signatures and dates). If you have any questions or need assistance completing the forms, please contact the HR Service Center at 348-7732.

SAMPLE U.S. CITIZEN



Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not			and sign S	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Name (Given Name) Middle Initial	Other Nam	es Used (if	any)
Address (Street Number and Name)	Sh Apt. Number	City or Town		State MI	Zip Code 48378
Date of Birth (mm/dd/yyyy) U.S. Social Securi		N/A		Telepho	one Number
I am aware that federal law provides for connection with the completion of this fo		ines for false statements	or use of	false doc	uments in
I attest, under penalty of perjury, that I al ✓ A citizen of the United States	m (check one of the fo	llowing):			£
A noncitizen national of the United Stat	es (See instructions)				
A lawful permanent resident (Alien Reg	istration Number/USCIS	S Number):			
An alien authorized to work until (expiration (See instructions)	date, if applicable, mm/dd	/уууу)	Some alien	ıs may write	e "N/A" in this field.
For aliens authorized to work, provide y	our Alien Registration N	lumber/USCIS Number OF	Form I-94	4 Admissio	on Number:
1. Alien Registration Number/USCIS Nu	ımber:	-			
OR				Do No	3-D Barcode t Write in This Space
2. Form I-94 Admission Number:					
If you obtained your admission numb States, include the following:	er from CBP in connect	ion with your arrival in the l	Jnited		
Foreign Passport Number:					
Country of Issuance:					
Some aliens may write "N/A" on the F	Foreign Passport Number	er and Country of Issuance	fields. (Se	e instructi	ions)
Signature of Employee:	Myle		Date (mm.	/dd/yyyy):	04/01/2013
Preparer and/or Translator Certificat employee.)	ion (To be completed a	and signed if Section 1 is pr	epared by	a person	other than the
attest, under penalty of perjury, that I han formation is true and correct.	ive assisted in the con	npletion of this form and	that to the	e best of r	my knowledge the
Signature of Preparer or Translator:				Date (m.	m/dd/yyyy):
.ast Name <i>(Family Name)</i>		First Name (Giver	n Name)		
ddress (Street Number and Name)		City or Town		State	Zip Code
A	Envelope Con	on lates Neat Boss			

the "Lists of Acceptable Documents" on the re issuing authority, document number, and expir	ext page of this	s form. For ea	nation of one d ach document)	ocument from El you review, reco	rd the follo	wing information: docum	nent title,
Employee Last Name, First Name and Midd	lle Initial from	n Section 1:	Samo	le June	,		
List A Identity and Employment Authorization	OR	List B	- Com 1 1 3	AND	E	List C mployment Authorizat	ion
Document Title;	Documen	nt Title:	License	D	ocument 7	al Securita	Card
Issuing Authority:	Issuing A	uthority:	laan	is	ssuing Auth		3.0
Document Number:	Documer	nt Number:	00 100 100	D	ocument N	lumber: -45-6789	
Expiration Date (if any)(mm/dd/yyyy):	Expiration)(mm/dd/yyyy):	E		Date (if any) (mm/dd/yyyy	<i>'</i>):
Document Title:		Coly	700.0			14/1	
Issuing Authority:							
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):						3-D Barco	ode
Document Title:						Do Not Write in 1	
Issuing Authority:							
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):							
Certification I attest, under penalty of perjury, that (1 above-listed document(s) appear to be employee is authorized to work in the U The employee's first day of employmen	genuine and Inited States	d to relate t s.	document(s) to the employ	/ee named, a	nd (3) to	ve-named employed the best of my know or exemptions.)	e, (2) the vledge the
Signature of Employer or Authorized Represen	1		(mm/dd/yyyy) 4/01/201		nployer or	Authorized Representat	tive
Tast Name (Family Name)	First Name	(Given Nam	e) ^t	Employer's Busin	ness or Om	ganization Name	(#
Employer's Business or Organization Address (Street Numbe	er and Name)		nloosa		State Zip Code	187
Section 3. Reverification and Re A. New Name (if applicable) Last Name (Family	Manager and the Control of the Contr	NAME OF TAXABLE PARTY.		HELE WASHINGTON TO SERVICE AND ADDRESS OF THE PERSON OF TH		zed representative.) f Rehire (if applicable) (i	mm/dd/yyyy):
C. If employee's previous grant of employment a presented that establishes current employmer					ument from	List A or List C the emp	loyee
Document Title:		Document N	lumber:			Expiration Date (if any)(i	mm/dd/yyyy):
attest, under penalty of perjury, that to the employee presented document(s), the							
Signature of Employer or Authorized Represent	tative:	Date (mm/de	d/yyyy):	Print Name of I	Employer	or Authorized Represent	ative:

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You

Section 2. Employer or Authorized Representative Review and Verification

MICHIGAN:

ENHANCED
DRIVER LICENSE





E 100 100 100 100 DOB 02-01-1977 JUNE SAMPLE 123 NORTH STATE ST. LANSING, MI 48918-2000

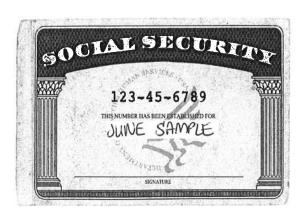
Sex F Hgt 504 Lic Type E,O End NONE Restrictions wow.

ISS 02-01-2009 EXP 02-01-2013

EyesBRO



DD 1234567890123



PERMANENT RESIDENT



Employment Eligibility Verification

USCIS Form I-9

OMB No. 1615-0047 Expires 03/31/2016

Department of Homeland Security

U.S. Citizenship and Immigration Services

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Informati than the first day of employment, but			and sign Sect	tion 1 of Form I-9 no later
Last Name (Family Name)	First Name (Given Name) Middle Initial	Other Names	Used (if any)
Specimen	Test	V	Smitt	
Address (Street Number and Name)	Apt. Number	City or Town	Sta	te Zip Code
81 Bryant Drive	64C	Tuscalossa	A	J 35401
Date of Birth (mm/dd/yyyy) U.S. Social Sec		SS	7//	Telephone Number
01/01/1920 987-65	-4321	NIA		NA
I am aware that federal law provides f connection with the completion of thi		fines for false statements	or use of fal	se documents in
l attest, under penalty of perjury, that	I am (check one of the fo	ollowing):		
A citizen of the United States				
A noncitizen national of the United S	,	1717-1	W. W	\ I
A lawful permanent resident (Alien F	egistration Number/USCI	S Number):	<u> </u>	<u> </u>
An alien authorized to work until (expirat (See instructions)	ion date, if applicable, mm/do	/yyyy) ₋	. Some aliens n	nay write "N/A" in this field.
For aliens authorized to work, provid	e your Alien Registration I	Number/USCIS Number O l	R Form I-94 A	dmission Number:
1. Alien Registration Number/USCIS	Number:		8	0.0.0
OR				3-D Barcode Do Not Write in This Space
2. Form I-94 Admission Number:				
If you obtained your admission nu States, include the following:	mber from CBP in connect	tion with your arrival in the	United	
Foreign Passport Number:	*>			
Country of Issuance:				
Some aliens may write "N/A" on the	e Foreign Passport Numb	er and Country of Issuance	e fields. (See	instructions)
Signature of Employee:	pecimen		Date (mm/do	WWW.04 01/20B
Preparer and/or Translator Certificemployee.)	cation (To be completed	and signed if Section 1 is p	repared by a	person other than the
attest, under penalty of perjury, that nformation is true and correct.	have assisted in the co	mpletion of this form and	that to the b	est of my knowledge the
Signature of Preparer or Translator:				Date (mm/dd/yyyy):
Last Name (Family Name)		First Name (Give	en Name)	
Address (Street Number and Name)		City or Town	Si	zip Code
	STOP Employer Con	npletes Next Page	STOP	

Section 2. Employer or Authori	zed Repr	esentative	Review a	nd Verificat	tion		
(Employers or their authorized representative must physically examine one document from the "Lists of Acceptable Documents" on the nissuing authority, document number, and expenses	List A OR exa ext page of th	amine a combina is form. For eac	ation of one do	cument from Lis	st B and o	ne document	from List C as listed on
Employee Last Name, First Name and Mide	dle Initial fro	m Section 1: S	Deaw	ien Te	S+ 1	J ::04.1	
List A Identity and Employment Authorization	OR	List B	1	AND	E	List C	
Document Title: PO Carcol	Docume	nt Title:		De	ocument 7		
Issuing Authority:	Issuing /	Authority:		Is	suing Auth	nority:	
Document Number:	Docume	nt Number:		De	ocument N	Number:	
Expiration Date (if any)(mm/dd/yyyy): OB 21 2007	Expiration	on Date (if any)(mm/dd/yyyy):	Ex	xpiration C	Date (if any)(m	nm/dd/yyyy):
Document Title:							
Issuing Authority:							
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):							3-D Barcode
Document Title:						Do Not	Write in This Space
Issuing Authority:							
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):							
Certification	153						
l attest, under penalty of perjury, that (1 above-listed document(s) appear to be employee is authorized to work in the L The employee's first day of employmen	genuine an Inited State	id to relate to	the employ		nd (3) to	the best of	my knowledge the
Signature of Employer or Authorized Represen	tative	1	nm/dd/yyyy)	Title of Em		Authorized Re	epresentative
Last Name (Family Name)	First Nom		01/2003	- KK.		572N 9	
HOVVISAN	VOCE !	e (Given Name) l 🖳	′ ⁻	mployer's Busin () J	ganization Na	ine
Employer's Business or Organization Address	(Street Numb	er and Name)	City or Town			State	Zip Code
861 University Bl	vd		Tusca	Lexola		A I	33-101
Section 3. Reverification and Re	hires (To	be completed	and signed	by employer o	r authori.	zed represe	ntative.)
A. New Name (if applicable) Last Name (Famil	y Name) Firs	t Name (Given	Name)	Middle Initial	B. Date o	f Rehire (if ap	plicable) (mm/dd/yyyy):
C. If employee's previous grant of employment a presented that establishes current employme		, , ,			ment from	List A or List	C the employee
Document Title:		Document Nu	mber:			Expiration Da	te (if any)(mm/dd/yyyy):
attest, under penalty of perjury, that to the employee presented document(s), the							
Signature of Employer or Authorized Represen	itative:	Date (mm/dd/	уууу):	Print Name of E	mployer	or Authorized	Representative:





SAMPLE FI



Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

and an analysis and an analysi	ale chilination.				
Section 1. Employee Information than the first day of employment, but n	on and Attestation	(Employees must complete	and sign S	Section 1 o	of Form I-9 no later
Last Name (Family Name)	The state of the s				
Kamadua ula	First Name (Given Nam	e) Middle Initial M. L.	Other Nam	es Used (i	f any)
Address (Street Number and Name)	Apt. Number	City or Town i		State	Zip Code
1501 Jackson Au	e 214	Tuscalons	λ	AL	25401
	urity Number E-mail Addre		/	Teleph	none Number
9/23/59 11213-1415-	6789	MA		r	VIA
I am aware that federal law provides for connection with the completion of this	r imprisonment and/or form.	fines for false statements	or use of	false do	cuments in
l attest, under penalty of perjury, that I	am (check one of the fe	ollowing):			
A citizen of the United States					
A noncitizen national of the United Sta					10
A lawful permanent resident (Alien Re	gistration Number/USCI	S Number):			
An alien authorized to work until (expiration (See instructions)	n date, if applicable, mm/do	12/31/16.	Some alien	is may writ	e "N/A" in this field.
For aliens authorized to work, provide	your Alien Registration I	Number/USCIS Number OF	R Form I-94	4 Admissio	on Number:
1. Alien Registration Number/USCIS N	lumber:				
OR	11 64 0			Do No	3-D Barcode t Write in This Space
2. Form I-94 Admission Number:	677803236)			t write in This Space
If you obtained your admission numl States, include the following:	ber from CBP in connect	ion with your arrival in the	United		
Foreign Passport Number:	18369854		×		
Country of Issuance:	India				
Some aliens may write "N/A" on the	Foreign Passport Number	er and Country of Issuance	fields. (Se	e instruct	ions)
Signature of Employee:			Date (mm/	(dd/yyyy):	6/12/14
Preparer and/or Translator Certificat employee.)	tion (To be completed a	nd signed if Section 1 is pr	epared by	a person	other than the
attest, under penalty of perjury, that I har formation is true and correct.	ave assisted in the con	npletion of this form and	that to the	best of	my knowledge the
ignature of Preparer or Translator:				Date (m	m/dd/yyyy):
ast Name (Family Name)		First Name (Giver	n Name)		
ddress (Street Number and Name)		City or Town		State	Zip Code
Corn	Employer Com	nlotos Novi Pago	708		

Employee Last Name, First Name and Mid	tle Initial from Section 1:	nodugula, Sita M.L.
List A Identity and Employment Authorization	OR List B	AND List C Employment Authorization
Document Title: DISSONY +	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Secument Title! TGH Secument Number: 0 4677803230		
expiration Date (if any)(mm/dd/yyyy); D Socument Title:		3-D Barcode Do Not Write in This Space
ocument Number: N 0004251016 Expiration Date (if any) (mm/dd/yyyy):		
ertification	600	
ttest, under penalty of perjury, that (1) ove-listed document(s) appear to be g aployee is authorized to work in the Un be employee's first day of employment	enuine and to relate to the employ lited States. (mm/dd/yyyy): 6/15/14	presented by the above-named employee, (2) the ee named, and (3) to the best of my knowledge th (See instructions for exemptions.)
ttest, under penalty of perjury, that (1) ove-listed document(s) appear to be g aployee is authorized to work in the Unite employee's first day of employment anature of Employer of Authorized Representa	enuine and to relate to the employ lited States. (mm/dd/yyyy): 015/14 tive Date (mm/dd/yyyy)	(See instructions for exemptions.) Title of Employer or Authorized Representative
ttest, under penalty of perjury, that (1) ove-listed document(s) appear to be graployee is authorized to work in the Unite employee's first day of employment anature of Employer of Authorized Representations of Employer of	enuine and to relate to the employ lited States. (mm/dd/yyyy):	ee named, and (3) to the best of my knowledge the (See instructions for exemptions.)
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ttest, under penalty of perjury, that (1) ove-listed document(s) appear to be graployee is authorized to work in the Unite employee's first day of employment grature of Employer of Authorized Representational Employer's Business or Organization Address (Section 3. Reverification and Reh New Name (if applicable) Last Name (Family Name) and the Employee's previous grant of employment authors and the Employee's previous grant of employment authors and the Employee's previous grant of employment authors are the section 3.	enuine and to relate to the employ lited States. (mm/dd/yyyy): Date (mm/dd/yyyy) first Name (Given Name) Er treet Number and Name) City or Town ires (To be completed and signed by Name) ires (To be completed and signed by Name) portzation has expired, provide the information and signed by Name)	State Zip Code State Zip Code State Zip Code Wy employer or authorized representative)
ttest, under penalty of perjury, that (1) ove-listed document(s) appear to be graployee is authorized to work in the Unite employee's first day of employment grature of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Authorized Representation (Family Name) The province of Employer of Au	enuine and to relate to the employ lited States. (mm/dd/yyyy): Date (mm/dd/yyyy) first Name (Given Name) Er treet Number and Name) City or Town ires (To be completed and signed by Name) ires (To be completed and signed by Name) portzation has expired, provide the information and signed by Name)	State Zip Code State Zip Code State Zip Code We employer or authorized representative) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yy
ttest, under penalty of perjury, that (1) ove-listed document(s) appear to be graployee is authorized to work in the Unite employee's first day of employment grature of Employer of Authorized Represental and the Employer's Business or Organization Address (S. Action 3. Reverification and Rehnew Name (if applicable) Last Name (Family Notes and that establishes current employment authoresented that establishes authoresented that	enuine and to relate to the employ lited States. (mm/dd/yyyy): Date (mm/dd/yyyy) First Name (Given Name) Er treet Number and Name) City or Town ires (To be completed and signed by Name) porization has expired, provide the informate authorization in the space provided below. Document Number: best of my knowledge, this employer	(See instructions for exemptions.) Title of Employer or Authorized Representative ASST, MAR, Imployer's Business or Organization Name State Zip Code AL Zip

Section 2. Employer or Authorized Representative Review and Verification





SAMPLE - IMMIHELP.COM

भारत गणराज्य REPUBLIC OF INDIA



IND J8369854

SITA MAHA LAKSHMI

GUNDUGOLANU

R.S. Lakshani

HYDERABAD

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11/10/2011 10/10/2021

P<INDRAMADUGULA<<SITA<MAHA<LAKSHMI<<<<<<<< J8369854<4IND59D9234F2110101<<<<<<<<<

1-94 Admission Number Retneval

Page 1 of 1



ONB No. 1651-0111 Expration Date: 11/50/2014

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 04677603230

Admit Until Date: D/S

Family Name: First (Given) Name:

1988 July 02

Birth Date: M79277572 Passport Number:

Passport Country of Issuance: Korea. South

Most Recent Date of Enery: 2013 August 21

Clase of Admissions: F1

Effective April M, 2012, DHS tegan instrumeling the admission process. An alien analysy admitted or pavalled this the U.S. Is no target required to the its processors and a practimed Form 144. A record of admission and the OPP extends considered to the CPP extends of admission to the U.S. Is no target required to the its processors of a practimed Form 144. A record of admission and the CPP extends considered to the CPP extends considered to the CPP extends of the CPP extends of

► Acception

Please read Instructions on Page 2 This page must be completed and sign	ed in the U.S. by a desig	gnated school official.			SEVIS
Family Name (surname):			For In	amigration Official User	Student's Copy N0004251016
First (oiven) Name:	Middle Nan	ne:			
Country of birth:		Date of birth(mo/day/ye	ear):		0.20120
Country of citizenship:		Admission number:	-		
School (School district) name:			=1		100 miles (120 miles)
The University of Alabama					
The University of Alabama			41		
School Official to be notified of stude	ent's arrival in U.S.(Name	e and Title):			0337109465
Immigration Assistant			Visa issuing pos	t Date Visa Issued	
School address (include zip code): Capstone International Se	rvices				2
Box 870254 Tuscaloosa, AL 35487-0254			11	į	
School code (including 3-digit suffix,			71	1	200
ATL214F01174000	approved	on_07/17/2002	Reinstated, exte	nsion granted to:	\$4712.877.883
This certificate is issued to the s		or:		C .	
Reprint reason: LOST Level of education the student is	s pursuing or will purs	ue in the United State	s:		
DOCTORATE			L		
The student named above has be school, majoring in Physics , The student is expected to report and complete studies not later the study is 66 month.	General to the school no later an 12/31/2016	than 08/16/2011	means of sup months (Use f a. Student	has information showing the oport, estimated for an acade the same number of month 's personal funds	emic term of 12 s given in item 7).
study is monu.				rom this school type: <u>Graduate_Assista</u>	\$ 42,000.00
English proficiency: This school requires Eng The student has the requ	lish proficiency. ired English prof	ficiency.	c. Funds f	rom another source : type:	\$0.00
This school estimates the student 12 (up to 12) months to b	t's average costs for ar		d. On-cam	pus employment S Total S	\$ 0.00 \$ 42,000.00
a. Tuition and fees	\$	20,500.00	9. Remarks:		
b. Living expensesc. Expenses of dependents (0	\$	16,406.00	<u> </u>		
d. Other (specify): Medical 1		1,420.00	-		
Total	\$	38,326.00			
School Certification: I certify un and is true and correct; I executed the student's application, transcri execution of this form; the school will be required to pursue a full coto issue this form. Lauren Eurn	I this form in the Unite pts, or other records of has determined that t	ed States after review f courses taken and pr he above named stude and by 8 CFR 214.2(f)	and evaluation in the oof of financial respon ent's qualifications m	United States by me or oth onsibility, which were receive eet all standards for admissing	er officials of the school of wed at the school prior to the ion to the school; the studen
Name of School Official Sign	nature of Designated Scho	ool Official Tit	le	Date Issued	Place Issued (city and state)
Student Certification: I have read page 2. I certify that all informati seek to enter or remain in the Unit form. I also authorize the named my nonimmigrant status.	on provided on this fo ted States temporarily,	orm refers specifically , and solely for the pu	to me and is true and	l correct to the best of my ki ull course of study at the sch	nowledge. I certify that I
Name of Student	**************************************	Signature	e of Student		Date
Name of parent or guardian If student under 18	Signature of par	ent or guardian	Address (city)	(State or Province) (Coun	try) (Date)
Form I-20 A-B (Rev. 04-27-88)	v			For Officia	al Use Only
1 0m 1-20 11-D (101. 04-21-00)1	•			Microfilm Index Number	Osc Omy

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILYNAME:		FIRST NAM	Æ.		SEVI
Primary Major: 40.080		TIKST NAL	/LL.		Student's Copy
Student Employment Au	uthorization:	1,24			N0004251016
Employment Status:	T	ype:			1
Duration of Employment	- From (Date):	(Date):			
Employer Name: Employer Location:					2000000
Employer Location.					100
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Event History					
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Registration		09/01/2011			
Current Authorizations:		Start Date:	End Date:		
This was a state of the state of					
Inis page when properly er	ndorsed, may be used for reentry of the s	tudent to attend the	same school after	a temporary abse	ence from the United States.
Each certification signature	is valid for one year.				
Name of School:	2				
tvanic of School.	andan Dun				
Gauren Hurn	uwww mumi	Immigration Ass	istant	04/29/2013	Tuscaloosa, AL
Name of School Official	Signature of Designated School Official	Title		Date Issued	
	1-g or 2 on grated border official	1100		Date issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title		Date Issued	Place Issued (city and state)
			2		inso tobaca (only and state)
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Name of School Official	Signature of Designated School Official	Title		Date Issued	Place Issued (city and state)
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Name of School Official	Signature of Designated School Official	Title		D. T.	
Or Ownoor Ornorm	orbitations of Designation School Otheral	Title		Date Issued	Place Issued (city and state)

SAMPLE JI



Employment Eligibility Verification

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

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employe	o Information	and Attentation		10.00		
than the first day of emp	oloyment, but not	before accepting a joi	(Employees must complete offer)	and sign S	ection 1 o	f Form I-9 no later
Last Name (Family Name)	To the state of the state o	First Name (Given Nam	ALTONOMORE THE PERSON PERSON RESIDENCE IN SUBSTRICT	Other Name	es Used (if	any)
Barney		Gabriella	J			i i
Address (Street Number end		Apt. Number	City or Town	:	State	Zip Code
LI CIWID			Luscaldosa		AL	35401
Date of Birth (mm/dd/yyyly)	0.S. Social Securit	y Number E-mail Addre	ess h 1 l o		Teleph	one Number
7/31/86	1311165-6	43AU	NIH			VIH
I am aware that federal la connection with the com	aw provides for in pletion of this fo	mprisonment and/or rm.	fines for false statements	or use of	false doc	uments in
l attest, under penalty of	perjury, that I an	n (check one of the f	ollowing):			
A citizen of the United						
A noncitizen national c	of the United State	s (See instructions)				15
A lawful permanent res	sident (Alien Regis	stration Number/USCI	S Number):			
An alien authorized to wo	ork until (expiration o	late, if applicable, mm/do	d/yyyy) 8 31/15.	Some alien	s may write	e "N/A" in this field.
For aliens authorized to	o work, provide yo	our Alien Registration	Number/USCIS Number OF	R Form 1-94	Admissio	n Number:
1. Alien Registration No	umber/USCIS Nur	mber:				
¥1	OR GOT	15120100			Do Not	3-D Barcode Write in This Space
2. Form I-94 Admission	Number:	65432198				a
If you obtained your States, include the fo	admission numbe bllowing:	r from CBP in connec	tion with your arrival in the	United	:	4
Foreign Passport	Number: 30	15/08/183				* 1
Country of Issuand	110110	t Kingolom				
Some aliens may wri	te "N/A" on the Fo	preign Passport Numb	er and Country of Issuance	fields. (Se	e instructi	ons)
Signature of Employee:	6B	e *		Date (mm/	idd/yyyy):	6/12/14
Preparer and/or Transla Imployee.)	ator Certificatio	n (To be completed a	and signed if Section 1 is pr	epared by	a person (other than the
attest, under penalty of p formation is true and co	erjury, that I hav rrect.	e assisted in the cor	mpletion of this form and	that to the	best of r	ny knowledge the
ignature of Preparer or Transl	ator:				Date (mi	m/dd/yyyy):
ast Name (Family Name)			First Name (Give	n Name)		
ddress (Street Number and Na	ame)		City or Town		State	Zip Code
	evan	Employer Cor	collates Nove Page	700		

Section 2. Employer or Authorized (Employers or their authorized representative manust physically examine one document from List the "Lists of Acceptable Documents" on the nex issuing authority, document number, and expira	oust complete and sign Section 2 with st A OR examine a combination of or the page of this form. For each docume	in 3 business days of the e e document from List B an	d one document from List C as listed a
Employee Last Name, First Name and Middle	Initial from Section 1:	men. Gabriell	a,
List A (Identity and Employment Authorization	DR List B Identity	AND	List C Employment Authorization
Issuing Authority:	Document Title:	Documer	
Document Number;	Issuing Authority:	Issuing A	
305108183	Document Number:		nt Number:
Expiration Date (if any)(mm/dd/yyyy): 3/\3/\6	Expiration Date (if any)(mm/dd/yy)	y): Expiration	n Date (if eny)(mm/dd/yyyy):
Document Title: I I I I I I I I I I I I I I I I I I I		4	
Issuing Authority: Document Number: (18765432168 Expiration Date (if any)(mm/dd/yyyy):			3-D Barcode
Document Title: DS2019 Issuing Authority: DOS Document Number:			Do Not Write in This Space
Expiration Date (if any) (mm/dd/yyyy):			
Certification attest, under penalty of perjury, that (1) I is bove-listed document(s) appear to be ger mployee is authorized to work in the Unit The employee's first day of employment (n	nuine and to relate to the empled States.	s) presented by the above named, and (3) to	o the best of my knowledge the
Signature of Employer of Authorized Representativ	6/2/14	Title of Employer of	Mak,
1 Y Wirbutt	First Name (Given Name)	Employer's Business or C	rgakization Name
mplayer's Business or Organization Address (Stre		saloosa	State Zip Code AL 35487
ection 3. Reverification and Rehir New Name (if applicable) Last Name (Family Name)	es (To be completed and signed me) First Name (Given Name)	Middle Initial B. Date	rized representative:) of Rehire (if applicable) (mm/dd/yyyy):
If employee's previous grant of employment author presented that establishes current employment aut	rization has expired, provide the inforr thorization in the space provided belo	nation for the document from	m List A or List C the employee
ocument Title:	Document Number:	***************************************	Expiration Date (if any)(mm/dd/yyyy):
ttest, under penalty of perjury, that to the be employee presented document(s), the doc	est of my knowledge, this emplo ument(s) I have examined appe	yee is authorized to we ar to be genuine and to	ork in the United States, and if or relate to the individual.
gnature of Employer or Authorized Representative			or Authorized Representative:

United Kingdom of Great Britain and Northern Ireland 305108183



P GBR BARNEY GABRIELLA BRITISH CITIZEN

Date of birth Date de naissance (4)
31 JUL /JUIL 86
Seutiess (5) Place of birth Leu de naiss
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13 JAN /JAN 06

13 MAR /HARS 16

UKPA

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Garriella P

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CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS 07/31/2014 ESTIMATED BURDEN TIME: 45 min

OMB APPROVAL NO.1405-0119

3.05.4	And the second second					Page 2
1. Family Name: Araujo	First Name: Paulo Antoni	.0	Middle Name: Trindade		Gender: MALE	N0007478779
Date of Birth(mm-dd-vyyy): City of Birth: 04-16-1983 Belo Horizonte	Country of Bir	th: BRAZIL	Citizenship Country Code: BR	Citizenship Country: BRAZIL		J-1
Legal Permanent Residence Country Code: Legal Perman	•		a Cede: Position:			J-1
BR BRAZIL Primary Site of Activity: University of Alab		2	14 UNIVERSITY	GRADUATE STUDE	NTS	
Dept. of Physics &	Astronomy					
206 Gallalee Hall, Tuscaloosa, AL 354						
Program Sponsor: The University of Al				Program Number:]	2-1-03854	
articipating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHO	ORT-TERM SCHO	LAR; SPECIAL	LIST; STUDENT ASSOCIA	TE; STUDENT BAC	HELORS;	
STUDENT DOCTORATE; STUDENT INTER	RN; STUDENT M	asters; stui	ent non-degree			
urpose of this form: Amend previous form:	Update finar	ncial inform	ation			
Form Covers Period:	(
Source to Color Color	4. Exchange Visitor C. RESEARCH SC					
From (mm-dd-yyyy): 09-01-2010	Subject/Pield Code:	Subject/Field Co	de Remarks:	Service and a service and a		20 10 10 X
`o (inim-dd-yyyy): 08-31-2015	40.0899		d conduct research in and Astronomy	the Department	t of	
During the period covered by this form, the total estimates		V.S. S) is to be provide	d to the exchange visitor by:			7000
Current Program Sponsor funds : \$120,000.0 Fotal : \$120,000.00	0					200.170.40
						2602065
						27422424
					1	
					i	
J.S. DEPARTMENT OF STATE / DHS USE OR CERTIF		7. Charter Mo	rris		Respon	sible Officer
RESPONSIBLE OFFICER OR ALTERNATE RESPONSIFIED A NOTIFICATION COPY OF THIS FORM HAS	BEEN PROVIDED	· · · · · · · · · · · · · · · · · · ·				
to the U.S. department of state (<i>include da</i>	(TE).	105 BB Com	Name of Official Preparing Form ar Hall	1		Title
	4	Box 870254	87 3E402			205-348-5402
		TUSCAL OKONE	s of tesp3549 Officer or Alternate Re	sponsible Officer		Telephone Number
		Signatu	re of Responsible Officer or Alternate Re	esnonsible Officer		03-18-2014 Date (mm-dd-yyyy)
Statement of Responsible Officer for Releasing Sponsor (F	OR TRANSFER OF PRO	OCB 440				
Effective date (imm-dd-vyyy):08=16=2013to the program specified in item 2 is necessary or highly desire	. Transfer of this excha able and is in conformity	nge visitor from progr with the objectives of t	om number P=1=0004 ne Mutual Educational and Cultural Exch	O. sponsored by ungo Act of 1961; as amende	Massachus	etts Institute of
International Scholar Advisor Kiss, Tunde					d. Technolog	Y
Signature of Responsible Officer or Alternate R	esponsible Officer	He see state	Committee of the commit	→ 0 (24 × 0 ±	Date (mm-dd-yyyy)	of Signature
BLIMINARY ENDORSEMENT OF CONSULAR OR IM MIGRATION AND NATIONALITY ACT AND PL 94-48	MIGRATION OFFICE	R REGARDING SEC	TION 212(e) OF THE	TRAVEL VALI	DATION BY RE	SPONSIBLE OFFICER
Exchange Visitor in the above program:	A, AO AMERICA JA	wem stuy of page 25.		(Maximum validation period is 1 year*)		
Not subject to the two-year residence requirement.				*EXCEPT: Maximum Scholars and 4 months	validation period is a for Cump Counselor	up to 6 months for Short-term s and Summer Work/Truve).
Subject to two-year residence requirement based on:			NTS G-2-00263 AND ALL ALIEN D BY P-3-04510 ARE SUBJECT TO	(1) Exchange Visitor i	s In good standing at	the present time
A. Government financing and/or	THE	TWO-YEAR HOME	RESIDENCE REQUIREMENT)		03/18.	12214
B. The Exchange Visitor Skills List and/or					03/18/ Date from dis-	ngo)
C. PL 94-484 us amended			7=-			
				Signature of Re (2) Exchange Visitor in		Alternate Responsible Officer
and the second s			Andrew State Communication of the Communication of	(2) CAMBRIGG VISCOP (i iii guvu standing at (ne present unic
Name			Title		-	
Signature of Consular or Immigration Of	Figure	=== ==================================	Date (www.)		Date (mm-dd-	(מעעע
THE U.S. DEPARTMENT OF STATE RESERVES		FINAL DETERMINE	Date (mni-dd-yyyy)	Simple S	and the Offi	
				Signature of Resp	onsible Officer or Ali	ernate Responsible Officer
ACHANGE VISITOR CERTIFICATION: I have	read and sorce with t	he statement in ite-	2 on name 2 of this document			
XCHANGE VISITOR CERTIFICATION: I have	read and agree with t	he statement in item	1 2 on page 2 of this document.			

SAMPLE HIB



Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

and the state of t				
Section 1. Employee Information and Attestation than the first day of employment, but not before accepting a jo	(Employees must complete b offer)	and sign S	Section 1	of Form I-9 no later
Last Name (Family Name) Cle Name (Given Name) First Name (Given Name)	The second secon	Other Nam	es Used <i>(i</i>	f any)
Address (Street Number and Name) Apt. Number	City or Town TUSCAL DOS CI		State	Zip Code 3540
Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address	ess		Teleph	none Number
I am aware that federal law provides for imprisonment and/or connection with the completion of this form.	fines for false statements	or use of	false do	cuments in
I attest, under penalty of perjury, that I am (check one of the f A citizen of the United States	ollowing):			
A noncitizen national of the United States (See instructions)				
A lawful permanent resident (Alien Registration Number/USCI	S Number):			184 73
An alien authorized to work until (expiration date, if applicable, mm/di		Some alien	ıs may writ	e "N/A" in this field.
For aliens authorized to work, provide your Alien Registration	Number/USCIS Number OR	Form I-94	4 Admissio	on Number:
1. Alien Registration Number/USCIS Number:				
OR			Do No	3-D Barcode t Write in This Space
2. Form I-94 Admission Number: 49 000 888 062	(20110	t write in this space
If you obtained your admission number from CBP in connec States, include the following:	tion with your arrival in the L	Inited		
Foreign Passport Number SQ10003		38		
Country of Issuance: Switzer land				
Some aliens may write "N/A" on the Foreign Passport Numb	er and Country of Issuance	fields. (Se	e instruct	ions)
Signature of Employee:		Date (mm/	(dd/yyyy):	6/12/14
Preparer and/or Translator Certification (To be completed amployee.)	and signed if Section 1 is pro	epared by	a person	other than the
attest, under penalty of perjury, that I have assisted in the corformation is true and correct.	npletion of this form and t	hat to the	best of i	my knowledge the
ignature of Preparer or Translator:			Date (m.	m/dd/yyyy):
ast Name (Family Name)	First Name (Given	Name)		
ddress (Street Number and Name)	City or Town		State	Zip Code

Section 2. Employer or Authorized (Employers or their authorized representative minust physically examine one document from List the "Lists of Acceptable Documents" on the next issuing authority, document number, and expirat	ust complete t A OR exan	and sign Section 2 with nine a combination of one form. For each docume	n 3 business days o	of the employee's first day of employment. You
Employee Last Name, First Name and Middle	Initial from	Section 1:	Majer Gld	Pierce
Identity and Employment Authorization)R	List B Identity	AND	List C Employment Authorization
Document Title: Passport	Document			ocument Title:
Issuing Authority:	Issuing Au	thority:	ls:	suing Authority:
Document Number: SQIDCOQ3	Document	Number:	Do	ocument Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration	Date (if any)(mm/dd/yyy	/): Ex	xpiration Date (if any)(mm/dd/yyyy):
Document Title: 194				
Document Number:				3-D Barcode Do Not Write in This Space
Issuing Authority:				•
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Certification attest, under penalty of perjury, that (1) I I above-listed document(s) appear to be gen employee is authorized to work in the Unite The employee's first day of employment (n Signature of Employer or Authorized Representativ	uine and ted States. http://dd/yyy	o relate to the emplo	(See instruct	the above-named employee, (2) the d (3) to the best of my knowledge the tions for exemptions.)
Marbutt	FI	nila		ss or Organization Name
Employer's Business or Organization Address (Stre	et Number a	1 1	caloosa	State Zip Code AL 35487
Section 3. Reverification and Rehir New Name (if applicable) Last Name (Family Nat	es (To be ne) First Na	completed and signed me (Given Name)	Middle Initial B	authorized representative.) Date of Rehire (if applicable) (mm/dd/yyyy):
If employee's previous grant of employment author presented that establishes current employment aut	ization has e horization in	xpired, provide the inform the space provided below	nation for the docum	nent from List A or List C the employee
ocument Title:	Do	cument Number;		Expiration Date (if any)(mm/dd/yyyy):
ttest, under penalty of perjury, that to the be e employee presented document(s), the doc	est of my k ument(s) I	nowledge, this emplo have examined appe	yee is authorized ar to be genuine	d to work in the United States, and if and to relate to the individual.
ignature of Employer or Authorized Representative	: Da	te (mm/dd/yyyy):	Print Name of Em	nployer or Authorized Representative:

