

## 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 ([hrrsvctr@ua.edu](mailto:hrrsvctr@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

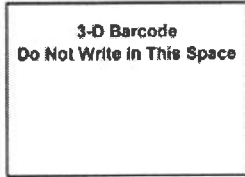
Have the employee complete Section 1 when he or she begins to work by filling in the correct information and signing and dating the form. Ensure that the employee prints the information clearly.

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.

Section 1. Employee Information and Attestation <i>(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.)</i>					
1	Last Name (Family Name) Doe	First Name (Given Name) John	Middle Initial A	Other Names Used (if any) N/A	
2	Address (Street Number and Name) 123 Main Street	Apt. Number 1	City or Town Washington	State DC	Zip Code 20000
3	Date of Birth (mm/dd/yyyy) 01/01/1960	U.S. Social Security Number 000-00-0000	E-mail Address johndoe@email.com	Telephone Number (202) 123-4567	
4	<p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States <i>(See instructions)</i></p> <p><input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____</p> <p><input checked="" type="checkbox"/> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) <u>02/28/2015</u>. Some aliens may write "N/A" in this field. <i>(See instructions)</i></p> <p>For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:</p> <p>1. Alien Registration Number/USCIS Number: <u>1 2 3 4 5 6 7 8 9</u></p> <p style="text-align: center;"><b>OR</b></p> <p>2. Form I-94 Admission Number: _____</p> <p>If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:</p> <p>Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p> <p>Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. <i>(See instructions)</i></p>				
5	Signature of Employee: <i>John A. Doe</i>		Date (mm/dd/yyyy): 06/30/2013		
<p><b>Preparer and/or Translator Certification</b> <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i></p> <p>I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</p>					
6	Signature of Preparer or Translator: <i>Jane Doe</i>		Date (mm/dd/yyyy): 06/30/2013		
Last Name (Family Name) Doe		First Name (Given Name) Jane			
Address (Street Number and Name) 123 Main Street			City or Town Washington	State DC	Zip Code 20000



## Section 1- Employee Information and Verification

Figure 1: Completing Section 1: Employee Information and Verification

- 1 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.
- 2 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."
- 3 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.
- 4 Read the warning and attest to your citizenship or immigration status by checking the appropriate box.
- 5 Sign and date the form.
- 6 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.

**NOTE:** Because we participate in E-Verify, you may only accept List B documents that bear a photograph.

### 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

1 Employee Last Name, First Name and Middle Initial from Section 1: Doe, John A

	List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
2	Document Title: EAD		Document Title:		Document Title:
	Issuing Authority: DHS/USCIS		Issuing Authority:		Issuing Authority:
	Document Number: XXX1234567891		Document Number:		Document Number:
	Expiration Date (if any)(mm/dd/yyyy): 02/28/2015		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
	Document Title:				
	Issuing Authority:				
	Document Number:				
	Expiration Date (if any)(mm/dd/yyyy):				
	Document Title:				
	Issuing Authority:				
	Document Number:				
	Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

### 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.

3 The employee's first day of employment (mm/dd/yyyy): 06/30/2013 (See instructions for exemptions.)

4 Signature of Employer or Authorized Representative <i>Alice Smith</i>	Date (mm/dd/yyyy) 07/02/2013	Title of Employer or Authorized Representative HR Manager
Last Name (Family Name) Smith	First Name (Given Name) Alice	Employer's Business or Organization Name Widgets, Inc.
5 Employer's Business or Organization Address (Street Number and Name) 567 Maple Street	City or Town Washington	State DC
		Zip Code 20000

## 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.
- 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 employee'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 address.

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

### 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)

## 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 (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

### 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)

## 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)
- 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 combination 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.

### **J-1 Visitor** (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 combination 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-1B** (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.



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.

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.)

Form with fields for Last Name (Sample), First Name (June), Middle Initial, Other Names Used (N/A), Address (123 North State St.), Apt. Number (N/A), City or Town (Lansing), State (MI), Zip Code (48378), Date of Birth (02/01/1977), U.S. Social Security Number (1123-45-6789), E-mail Address (N/A), Telephone Number (N/A).

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):

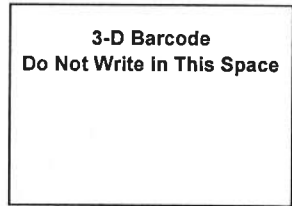
- Checked: A citizen of the United States
Unchecked: A noncitizen national of the United States (See instructions)
Unchecked: A lawful permanent resident (Alien Registration Number/USCIS Number):
Unchecked: An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) . Some aliens may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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: June Sample, Date (mm/dd/yyyy): 04/01/2013

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator, Date (mm/dd/yyyy), Last Name (Family Name), First Name (Given Name), Address (Street Number and Name), City or Town, State, Zip Code



Employer Completes Next Page



**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: Sample, June

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>Michigan</u>		Issuing Authority: <u>DHHS</u>
Document Number:		Document Number: <u>E 100 100 100 100</u>		Document Number: <u>123-45-6789</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>02/01/2013</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

**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): 04/01/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>04/01/2013</u>	Title of Employer or Authorized Representative <u>Asst. Mgr.</u>	
Last Name (Family Name) <u>Marbutt</u>		First Name (Given Name) <u>Emily</u>	Employer's Business or Organization Name <u>UA</u>	
Employer's Business or Organization Address (Street Number and Name) <u>801 University Blvd</u>		City or Town <u>Tuscaloosa</u>	State <u>AL</u>	Zip Code <u>35487</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**MICHIGAN**

ENHANCED  
DRIVER LICENSE

E 100 100 100 100      ISS 02-01-2009  
DOB 02-01-1977      EXP 02-01-2013



JUNE SAMPLE  
123 NORTH STATE ST.  
LANSING, MI 48918-0000

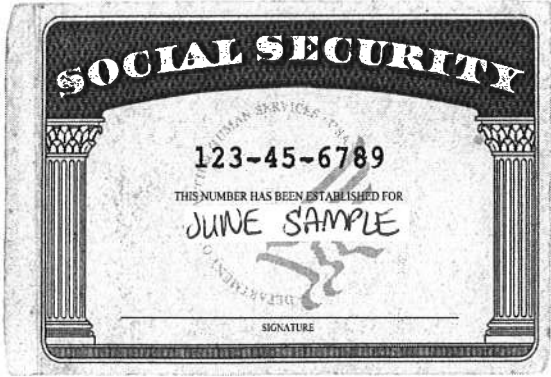


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Restrictions NONE

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Rev 01-23-2009





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.

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.)

Form with fields for Last Name (Specimen), First Name (Test), Middle Initial (J), Other Names Used (Smith), Address (81 Bryant Drive), Apt. Number (64C), City or Town (Tuscaloosa), State (AL), Zip Code (35401), Date of Birth (01/01/1920), U.S. Social Security Number (987-65-4321), E-mail Address (N/A), Telephone Number (N/A).

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):

- Unselected: A citizen of the United States
Unselected: A noncitizen national of the United States (See instructions)
Selected: A lawful permanent resident (Alien Registration Number/USCIS Number): 000-000-001
Unselected: An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

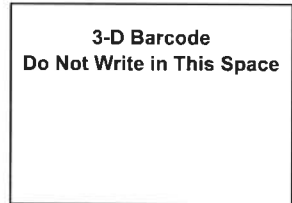
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: Test Specimen Date (mm/dd/yyyy): 04/01/2003

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: Date (mm/dd/yyyy):
Last Name (Family Name) First Name (Given Name)
Address (Street Number and Name) City or Town State Zip Code



Employer Completes Next Page











# 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. 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.)

Last Name (Family Name) <u>Ramachandula</u>		First Name (Given Name) <u>Sita</u>		Middle Initial <u>M.L.</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>1501 Jackson Ave</u>			Apt. Number <u>214</u>	City or Town <u>Tuscaloosa</u>	State <u>AL</u>	Zip Code <u>35401</u>
Date of Birth (mm/dd/yyyy) <u>9/23/59</u>	U.S. Social Security Number <u>1123-45-6789</u>	E-mail Address <u>N/A</u>			Telephone Number <u>N/A</u>	

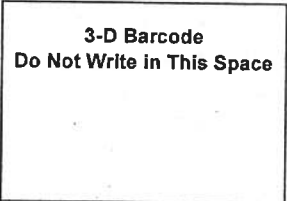
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 12/31/16. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
- 2. Form I-94 Admission Number: 04677803230



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: J8369854

Country of Issuance: India

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>6/12/14</u>
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:			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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Ramachandran, Sita M.L.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>India</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>J8369854</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>10/10/21</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: <u>I94</u>				
Issuing Authority: <u>DHS</u>				
Document Number: <u>04677803230</u>				
Expiration Date (if any)(mm/dd/yyyy): <u>D/S</u>				
Document Title: <u>I-20</u>				
Issuing Authority: <u>DOJ</u>				
Document Number: <u>N0004251016</u>				
Expiration Date (if any)(mm/dd/yyyy): <u>12/31/16</u>				

3-D Barcode  
Do Not Write in This Space

**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): 6/15/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Emily Marbitt</u>		Date (mm/dd/yyyy) <u>6/12/14</u>	Title of Employer or Authorized Representative <u>Asst. Mgr.</u>	
Last Name (Family Name) <u>Marbitt</u>		First Name (Given Name) <u>Emily</u>	Employer's Business or Organization Name <u>UA</u>	
Employer's Business or Organization Address (Street Number and Name) <u>801 Univ. Blvd.</u>		City or Town <u>Tuscaloosa</u>	State <u>AL</u>	Zip Code <u>35487</u>

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Please read Instructions on Page 2  
This page must be completed and signed in the U.S. by a designated school official.

SEVIS

1. Family Name (surname):  
 First (given) Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Country of birth: **NEPAL** Date of birth(mo/day/year): **01/20/1988**  
 Country of citizenship: **NEPAL** Admission number: \_\_\_\_\_

For Immigration Official User	
Visa issuing post   Reinstated, extension granted to:	Date Visa Issued   

Student's Copy  
N0004251016

2. School (School district) name:  
**The University of Alabama**  
**The University of Alabama**

School Official to be notified of student's arrival in U.S.(Name and Title):  
**Lauren Hurn**  
**Immigration Assistant**

School address (include zip code):  
**Capstone International Services**  
**Box 870254**  
**Tuscaloosa, AL 35487-0254**

School code (including 3-digit suffix, if any) and approval date:  
**ATL214F01174000** approved on **07/17/2002**

3. This certificate is issued to the student named above for:  
**Continued attendance at this school.**  
**Reprint reason: LOST**
4. Level of education the student is pursuing or will pursue in the United States:  
**DOCTORATE**
5. The student named above has been accepted for a full course of study at this school, majoring in **Physics, General**.  
The student is expected to report to the school no later than **08/16/2011** and complete studies not later than **12/31/2016**. The normal length of study is **66** months.
6. English proficiency:  
**This school requires English proficiency.**  
**The student has the required English proficiency.**
7. This school estimates the student's average costs for an academic term of **12** (up to 12) months to be:
- |   |                            |
|---|----------------------------|
| a. Tuition and fees                       | \$ <u>20,500.00</u>        |
| b. Living expenses                        | \$ <u>16,406.00</u>        |
| c. Expenses of dependents ( 0 )           | \$ <u>0.00</u>             |
| d. Other (specify): <b>Medical Insura</b> | \$ <u>1,420.00</u>         |
| <b>Total</b>                              | <b>\$ <u>38,326.00</u></b> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of **12** months (Use the same number of months given in item 7).
- |   |                            |
|---|----------------------------|
| a. Student's personal funds                 | \$ <u>0.00</u>             |
| b. Funds from this school                   | \$ <u>42,000.00</u>        |
| Specify type: <b>Graduate Assistantship</b> |                            |
| c. Funds from another source                | \$ <u>0.00</u>             |
| Specify type: _____                         |                            |
| d. On-campus employment                     | \$ <u>0.00</u>             |
| <b>Total</b>                                | <b>\$ <u>42,000.00</u></b> |

9. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

<b>Lauren Hurn</b>		<b>Immigration Assistant</b>	<b>04/29/2013</b>	<b>Tuscaloosa, AL</b>
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city) (State or Province) (Country) (Date)

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.

SEVIS

FAMILYNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Primary Major: 40.0801 Physics, General

Student Employment Authorization:

Employment Status: \_\_\_\_\_ Type: \_\_\_\_\_  
Duration of Employment - From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Location: \_\_\_\_\_

Comments:

Student's Copy  
N0004251016

Event History  
Event Name:  
Registration

Event Date:  
09/01/2011

Current Authorizations: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:

Lauren Hurn	<i>Lauren Hurn</i>	Immigration Assistant	04/29/2013	Tuscaloosa, AL
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)



# 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. 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.)

Last Name (Family Name) <u>Barney</u>		First Name (Given Name) <u>Gabriella</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>15 Champans St.</u>			Apt. Number	City or Town <u>Tuscaloosa</u>	State <u>AL</u>	Zip Code <u>35401</u>
Date of Birth (mm/dd/yyyy) <u>7/31/86</u>	U.S. Social Security Number <u>987-65-4321</u>	E-mail Address <u>N/A</u>			Telephone Number <u>N/A</u>	

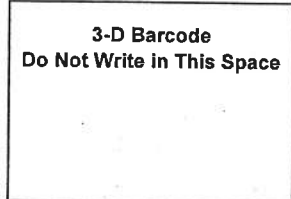
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 8/31/15. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
- 2. Form I-94 Admission Number: 98765432198



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: 305108183

Country of Issuance: United Kingdom

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>GB</u>	Date (mm/dd/yyyy): <u>6/12/14</u>
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Barney, Gabriella

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>UK</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>305108183</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>3/13/16</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: <u>I94</u>				
Issuing Authority: <u>DHS</u>				
Document Number: <u>98765432198</u>				
Expiration Date (if any)(mm/dd/yyyy): <u>D/S</u>				
Document Title: <u>DS2019</u>				
Issuing Authority: <u>DOS</u>				
Document Number: <u>N0007478779</u>				
Expiration Date (if any)(mm/dd/yyyy): <u>8/31/15</u>				

**3-D Barcode**  
Do Not Write in This Space

**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): 7/1/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>6/12/14</u>	Title of Employer or Authorized Representative <u>Asst. Mgr.</u>	
Last Name (Family Name) <u>Marbutt</u>		First Name (Given Name) <u>Emily</u>	Employer's Business or Organization Name <u>UA</u>	
Employer's Business or Organization Address (Street Number and Name) <u>801 University Blvd</u>		City or Town <u>Tuscaloosa</u>	State <u>AL</u>	Zip Code <u>35457</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

Form containing fields for: 1. Family Name (Azaujo), First Name (Paulo Antonio), Middle Name (Trindade), Gender (MALE), Date of Birth (04-16-1983), City of Birth (Belo Horizonte), Country of Birth (BRAZIL), Citizenship Country (BRAZIL), Program Sponsor (The University of Alabama), Exchange Visitor Category (RESEARCH SCHOLAR), Form Covers Period (09-01-2010 to 08-31-2015), and Responsible Officer (Charter Morris).



J-1



### 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. 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.)

Last Name (Family Name) <u>de Maierfeld</u>		First Name (Given Name) <u>Pierre</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>22 Heisman Ave.</u>			Apt. Number	City or Town <u>Tuscaloosa</u>	State <u>AL</u>	Zip Code <u>35401</u>
Date of Birth (mm/dd/yyyy) <u>8/1/71</u>	U.S. Social Security Number <u>123-98-4567</u>	E-mail Address			Telephone Number	

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):

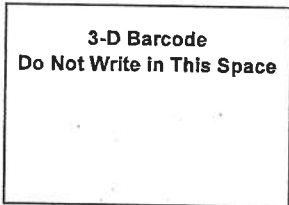
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 10/10/12. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: 69000888062



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: S2100023

Country of Issuance: Switzerland

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>6/12/14</u>
---	-----------------------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	

STOP **Employer Completes Next Page** STOP

**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: de Maierfeld, Pierre

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>Switzerland</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>S2100023</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>2/29/20</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: <u>I-94</u>				
Issuing Authority: <u>DHS</u>				
Document Number: <u>6900888062</u>				
Expiration Date (if any)(mm/dd/yyyy): <u>10/10/12</u>				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

**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): 6/20/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Emily Marbutt</u>		Date (mm/dd/yyyy): <u>6/12/14</u>	Title of Employer or Authorized Representative: <u>Emily Marbutt</u>	
Last Name (Family Name): <u>Marbutt</u>		First Name (Given Name): <u>Emily</u>	Employer's Business or Organization Name: <u>UA</u>	
Employer's Business or Organization Address (Street Number and Name): <u>801 Univ. Blvd</u>		City or Town: <u>Tuscaloosa</u>	State: <u>AL</u>	Zip Code: <u>35487</u>

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

