I-9 Supplement Form

The purpose of this form is to ensure that international employees hired by the University of Idaho understand the responsibilities and obligations of the employee and the employer. Please read and confirm that you understand each statement by placing your initials on the line in front of each statement, and then sign and date the bottom of the form.

_____ I have answered all of the questions on the I-9 form truthfully and to the best of my knowledge

_____ I understand that completing the I-9 process grants me the ability to work for the University of Idaho, but does not guarantee continued employment, which can be terminated

_____ I understand that the University of Idaho cannot provide legal advice and that if I have any legal questions regarding my status I must consult with an attorney

_____ I understand that it is my obligation to inform the University of Idaho Human Resources department if there are any changes that affect my work authorization, tax status, immigration status or student status

_____ I understand that it is my obligation to keep my address/contact information current with Human Resources, VandalWeb and if necessary, the International Programs Office

_____ I understand that tax information given by the University of Idaho is not considered tax advice and that I must seek tax advice and assistance elsewhere

_____ I was given the opportunity to ask questions about my status, which were either answered, or if not, I was advised to seek legal advice. I understand that the answers to my questions are not legal advice

SIGNATURE: ________________________________

PRINTED NAME (First, MI, Last): __________________________________________

DATE (MM/DD/YYYY): _____/_____/_______

*Note: A Copy of this form is provided to you as you leave Human Resources for your reference