



Offsite I-9 Verification Process

If your expected start date prior to arriving on campus OR will be working remotely you can make arrangements to have your I-9 verified by an authorized representative.

Important notes before you start working:

- **Your Criminal Background check must be completed prior to completing the I-9 (if your position requires a background check, the position is contingent on the successful completion of the check)**
- **You will need to verify your start date with your supervisor prior to completing the I-9**
- **You must complete Section 1 of the I-9 on or BEFORE your first day of work**
- **Section 2 MUST be completed by the authorized representative within first 3 days of work**
- **DO NOT USE WHITEOUT ON ANY PART OF THIS FORM. If you make an error draw a single line, provide correct information, initial and date.**

Please follow these instructions closely:

- ☐ Find an authorized representative that is willing to assist with this process
 - This will need to be an individual in a Human Resources Department
 - We recommend Universities, Colleges, and County Offices
 - If you need further assistance with finding an authorized representative, please contact 208-885-3638
- ☐ Complete Section 1 of the attached I-9 on or before your first day of work for pay
 - Be sure to follow all instructions closely
 - Make sure you have signed & dated form
- ☐ Present your documents to the Authorized Representative within the first 3 days of work
 - See page 5 for a list of acceptable documents
 - All documents must be original and not expired
- ☐ Fax your I-9 + a copy of your documents with the attached sheet to Human Resources 208-885-3602
 - Call 208-885-3638 immediately after faxing, while still with the representative. This will ensure we receive the information and can have any errors corrected without the need to return for corrections.
- ☐ We will notify you when you can mail the original documents to our office. It is VERY important we receive all of the original documents.

****IMPORTANT: DO NOT EMAIL ANY OF THESE DOCUMENTS!**



REMOTE I-9 FAX COVER SHEET

Please fax this form along with your I-9 and copies of your documents to 208-885-3602

Date: _____

Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

Vandal # (if known): _____

Supervisor: _____

Department: _____

Position Type:

- ☐ Temporary
- ☐ Temporary Faculty
- ☐ Classified
- ☐ Exempt
- ☐ Faculty

Background Check Status

- ☐ Not Needed
- ☐ In Progress
- ☐ Completed

****IMPORTANT: DO NOT EMAIL ANY OF THESE DOCUMENTS!**

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative				Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			
Univeristy of Idaho			709 S Deakin ST, Moscow, ID, 83844			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Classification (please circle): Temporary Temp Faculty Faculty Classified Exempt Post-Doc

START DATE: _____

☐ Background Check Completed

Department: _____

Supervisor: _____

Last Name _____ First Name _____ Middle Int. _____

Previous Names Used _____ Marital Status _____ Gender _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth _____

Social Security Number _____ Country of Citizenship _____

CURRENT / FORMER PERSI MEMBERS:

ALL POSITIONS:

Are you currently receiving PERSI retirement income?

☐ Yes ☐ No

FACULTY/EXEMPT/POST-DOC POSITIONS ONLY:

Are you vested in PERSI? (Vesting occurs after 5 years)

☐ Yes ☐ No

If Yes, would you like to continue your contributions to PERSI and waive enrollment in the ORP retirement plan?

☐ Yes ☐ No

If No, you will be enrolled in the ORP retirement plan and will need to contact PERSI to discuss options for your previous contributions (if applicable).

Please Note: Your campus mailing address and office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory, please contact Human Resources or your supervisor. You will need to request to be excluded again if you change positions at the university at any time.

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary email account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in MyUI.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through the MyUI portal.

Signature _____

Date _____