

Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B

OMB No. 1615-0047 Expires 07/31/2026

Last Name (Family Name) from Section 1.		First Name (Given Na	First Name (Given Name) from Section 1.		Middle initial (if any) from Section 1.		
reverification, is rehired wi the employee's name in the completing this page. Keep	thin three years of the date e fields above. Use a new s	the original Form I-9 wa ection for each reverifican nployee's Form I-9 recor	Form I-9. Only use this page in as completed, or provides pro ation or rehire. Review the Fo d. Additional guidance can b	oof of a orm I-9	legal name c instructions l	hange. Enter	
Date of Rehire (if applicable) New Name (if applicable)							
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial	
	ee requires reverification, you orization. Enter the document		present any acceptable List A below.	or List (C documentat	ion to show	
Document Title		Document Number (if any)		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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.							
Name of Employer or Authorized Representative Signature of Employer or Authorized Representative			uthorized Representative		Today's Date	(mm/dd/yyyy)	
Additional Information (Initial and date each notation.)				Check here if you used an alternative procedure authorized by DHS to examine documents.			
Date of Rehire (if applicable)	New Name (if applicable)						
Date (mm/dd/yyyy)	e (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name)				Middle Initial		
	ee requires reverification, you prization. Enter the document		present any acceptable List A below.	or List (C documentat	ion to show	
Document Title		Document Number (if any)			Expiration Date (if any) (mm/dd/yyyy)		
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Name of Employer or Authorize	ed Representative	Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy)		
Additional Information (Initi	al and date each notation.)				Check here if you used an alternative procedure authorized by DHS to examine documents.		
Date of Rehire (if applicable)	New Name (if applicable)						
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial	
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.							
Document Title		Document Number (if any)	ocument Number (if any)		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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.							
Name of Employer or Authorize	ed Representative	Signature of Employer or A	uthorized Representative		Today's Date	(mm/dd/yyyy)	
Additional Information (Initial and date each notation.)				Check here if you used an alternative procedure authorized by DHS to examine documents.			