



Form I-9, Employment Eligibility Verification: REMOTE LOCATION PROCESS

The U.S. Citizenship and Immigration Service requires all employees to complete a Form I-9, Employment Eligibility Verification, to establish identity and employment eligibility **on or before their hire date**. In the event, a UWF new hire will be working at a remote location and is not able to present original documents to an on-campus UWF representative, a notary public may complete the employer's section (Section 2) of the Form I-9 on our behalf. Section 2 must be completed no later than 3 business days after the hire date.

It is imperative that these instructions be completed as directed. Failure to complete the form as stated below may impact your eligibility for employment at UWF.

Section 1: Completed by Employee

Employers are not allowed to correct any information in this section so it is very important that it be completed accurately.

Do not use white-out or obliterate any information on this form. Any corrections should be lined-through with a single line, initialed & dated.

1. Enter your full legal name and, for females, your maiden name. Be sure your name is in the order specified on the form.
2. Enter your current address and date of birth. Your physical address must be given; post office boxes are not acceptable.
3. Enter your city, state, zip code, and Social Security number. Your Social Security number is required since UWF is an E-Verify employer.

4. Read warning and attest to your citizenship or immigration status. Check only one box. If applicable to your status, please give your Alien/Admission number and expiration date.

5. Sign and date the form in the presence of the notary.

- The list of acceptable documents to support employment eligibility can be found on page 5 in the I-9 form instructions. Since UWF is an e-Verify employer, if a document from List B is used, it must contain your photo.
- **These supporting documents must be unexpired, signed originals.**
- Include a photocopy of the front **and** back (as applicable) of the supporting document(s) when returning the original form to UWF. The original I-9 form and copies of the supporting document(s) must be returned via mail. Fax or e-mail is not acceptable.

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

1. Print Name: Last <u>Doe</u>	First <u>Jane</u>	Middle Initial <u>A</u>	Maiden Name <u>Smith</u>
2. Address (Street Name and Number) <u>12 Argo Drive</u>		Apt. # <u>JAD</u>	Date of Birth (month/day/year) <u>11-14-1972</u>
3. City <u>Pensacola</u>		State <u>Fl</u>	Zip Code <u>32514</u>
		Social Security # <u>111-11-1111</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.

4. 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 #) 123-456-789

An alien authorized to work (Alien # or Admission #) _____

Employee's Signature: Jane Doe Date (month/day/year): 5. 6/10/11

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.

Preparer's/Translator's Signature _____ Print Name _____

Section 2: Completed by the Notary

As a notary acting on UWF's behalf, you are not attesting to the legitimacy of the status of the person presenting the document(s), but rather, to the fact that you have reviewed the original document(s) and that it reasonably appears to be genuine and relates to the employee who has presented the information.

If the document(s) do not reasonably appear on their face to be genuine or to relate to the person presenting them, you must not accept them.

Section 2 must be completed in its entirety to be acceptable as verification of employment eligibility with the exception of the employment date. Please leave this date blank.

The employee can present either:

- one document from List A (identity & eligibility), **OR**
- two documents - one from List B (identity) **AND** one from List C (eligibility).

Since UWF is an E-Verify employer, if a document from List B is used, it must contain a photo of the employee.

The list of acceptable documents to support employment eligibility can be found on page 5 in the Form I-9 instructions.

Verify the **unexpired, signed, original** document(s) the employee presents. The only exception is a certified copy of a birth certificate.

1. Record document title(s), issuing authority, document number, and the expiration date from original document(s) supplied by employee. All documents do have all of this information with the exception that List C documents may not have an expiration date. **NOTE:** You may use abbreviations for commonly used documents, e.g., DL for driver's license and SS for Social Security.
2. Omit the employment date. The UWF HR representative will fill it in to make sure it is correct.
3. Attest to examining the documents provided by filling out the signature block and adding notary stamp/seal in the margin.


If you have any questions regarding completing this section, call UWF HR Payroll at 850.474.2694.

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	List B	List C
Document title: _____	OR	AND
Issuing authority: _____	Driver's License	Social Security Card
Document #: _____	FL DMV	SSA
Expiration Date (if any): _____	G-555-555-555-5	111-11-1111
Document #: _____	11/14/2018	_____
Expiration Date (if any): _____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Susie Smith</i>	Print Name Susie Smith	Title Notary Public
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) 10 Main Street, Anywhere, FL 32000		Date (month/day/year) 6/13/11



Employee Mailing Instructions:

Attach photocopies of the examined document(s) to the original I-9 form and mail to:

University of West Florida
Office of Human Resources – Payroll Section
11000 University Parkway, Building 20E
Pensacola, Florida 32514
Phone: 850.474.2694