

Form I-9 Changes

Presented by:
Karla Desjardins
Payroll Department

What's new?

- 2 full pages
 - Page 1: Employee/Preparer
 - Page 2: Employer
- Updated and Expanded Section 1
 - Blocks separate information
 - Optional blocks for SSN, email and phone
 - Additional information required for Aliens

What else is new?

- Updated and Expanded Section 2
 - Blocks separate information
 - Additional blocks for List A
 - Additional blocks for Employer Information
- Revised List of Acceptable Documents
- Re-verification instructions clarified

Section 1 Updates

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>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	

- Instructions clarify that employees must complete and sign Section 1 **NO LATER THAN** the **FIRST DAY** of employment, but not before accepting a job offer.
- Maiden Name replaced with Other Names Used (if any).
- Email Address and Telephone Number fields added (optional).

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) _____. 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)*

3-D Barcode
Do Not Write in This Space

Signature of Employee: _____	Date (mm/dd/yyyy): _____
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- Data fields for Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number and Foreign Passport Number and Country of Issuance (if applicable).

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:

- Instructions Clarified
- Employee's name must be written at the top of page 2.
- List A column expanded to allow for more detailed information.

Section 2: List A OR B AND C

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: [Redacted]		Document Title: [Redacted]		Document Title: [Redacted]
Issuing Authority: [Redacted]		Issuing Authority: [Redacted]		Issuing Authority: [Redacted]
Document Number: [Redacted]		Document Number: [Redacted]		Document Number: [Redacted]
Expiration Date (if any)(mm/dd/yyyy): [Redacted]		Expiration Date (if any)(mm/dd/yyyy): [Redacted]		Expiration Date (if any)(mm/dd/yyyy): [Redacted]
Document Title: [Redacted]		<div data-bbox="1435 965 1779 1205" style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority: [Redacted]				
Document Number: [Redacted]				
Expiration Date (if any)(mm/dd/yyyy): [Redacted]				
Document Title: [Redacted]				
Issuing Authority: [Redacted]				
Document Number: [Redacted]				
Expiration Date (if any)(mm/dd/yyyy): [Redacted]				
[Redacted]				

Section 2: Certification

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): (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

- Additional blocks for Employer information.

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

<p style="text-align: center;">LIST A</p> <p style="text-align: center;">Documents that Establish Both Identity and Employment Authorization</p>	OR	<p style="text-align: center;">LIST B</p> <p style="text-align: center;">Documents that Establish Identity</p>	AND	<p style="text-align: center;">LIST C</p> <p style="text-align: center;">Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p>		<p>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, gender, height, eye color, and address</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>				<p>(1) NOT VALID FOR EMPLOYMENT</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>		<p>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, gender, height, eye color, and address</p>		<p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>		<p>3. School ID card with a photograph</p>		<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status 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</p>		<p>4. Voter's registration card</p>		<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
		<p>5. U.S. Military card or draft record</p>		<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
		<p>6. Military dependent's ID card</p>		<p>5. Native American tribal document</p>
		<p>7. U.S. Coast Guard Merchant Mariner Card</p>		<p>6. U.S. Citizen ID Card (Form I-197)</p>
		<p>8. Native American tribal document</p>		<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
		<p>9. Driver's license issued by a Canadian government authority</p>		<p>8. Employment authorization document issued by the Department of Homeland Security</p>
		<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p>		
		<p>10. School record or report card</p>		
		<p>11. Clinic, doctor, or hospital record</p>		
		<p>12. Day-care or nursery school record</p>		

F1 Student – What's different?

- Section 1
 - Must complete on or before 1st day of work.
 - Student provides more information.
- Section 2
 - Same documents
 - Foreign Passport
 - I-94
 - IMPORTANT: Student must print I-94! Will not be issued at port of entry.
 - I-20
 - **MORE** information from those documents listed in List A.

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) Student		First Name (Given Name) F-one		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 1 Sample Road			Apt. Number	City or Town Storrs	State CT	Zip Code 06269
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number [][]-[][]-[][][][]	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) 05/31/2016. 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: 0 1 0 1 0 1 0 1 0 0 1

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

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

Foreign Passport Number: xx00000000

Country of Issuance: Country

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

Signature of Employee:

Date (mm/dd/yyyy): 08/22/2013

Employee Last Name, First Name and Middle Initial from Section 1: Student, F-one

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport		Document Title:		Document Title:
Issuing Authority: Country		Issuing Authority:		Issuing Authority:
Document Number: XX00000000		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy) 05/15/2015		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title: I-94		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority: US DHS/CBP				
Document Number: 010101010 01				
Expiration Date (if any)(mm/dd/yyyy) D/S				
Document Title: I-20				
Issuing Authority: US DOJ/INS				
Document Number: N000111111				
Expiration Date (if any)(mm/dd/yyyy) 05/31/2016				

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): 08/23/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 08/22/2013	Title of Employer or Authorized Representative Payroll Supervisor	
Last Name (Family Name) Desjardins		First Name (Given Name) Karla		Employer's Business or Organization Name UConn Payroll Department
Employer's Business or Organization Address (Street Number and Name) 343 Mansfield Road Unit 1111		City or Town Storrs		State CT <input type="text" value=""/>
				Zip Code 06269

J1 Student – What's different?

- Section 1
 - Must complete on or before 1st day of work.
 - Student provides more information.
- Section 2
 - Same documents
 - Foreign Passport
 - I-94
 - **IMPORTANT:** Student must print I-94! Will not be issued at port of entry.
 - DS 2019
 - Work Permission Letter
 - **MORE** information from those documents listed in List A.

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) Student		First Name (Given Name) J-one		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 1 Sample Road		Apt. Number	City or Town Storrs		State CT	Zip Code 06269
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number		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) 05/31/2016. 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

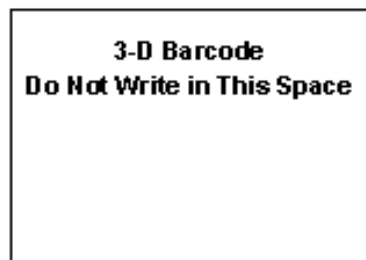
2. Form I-94 Admission Number: 0 1 0 1 0 1 0 1 0 0 1

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

Foreign Passport Number: XX00000000

Country of Issuance: Country

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



Signature of Employee:	Date (mm/dd/yyyy): <u>08/22/2013</u>
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Employee Last Name, First Name and Middle Initial from Section 1: Student, J-one

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport		Document Title:		Document Title:
Issuing Authority: Country		Issuing Authority:		Issuing Authority:
Document Number: XX00000000		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy) 05/15/2015		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: I-94				
Issuing Authority: US DHS/CBP				
Document Number: 010101010 01				
Expiration Date (if any)(mm/dd/yyyy) D/S				
Document Title: DS 2019				
Issuing Authority: US Dept. of State				
Document Number: N0001111111				
Expiration Date (if any)(mm/dd/yyyy) 05/31/2016				

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): 08/23/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 08/22/2013	Title of Employer or Authorized Representative Payroll Supervisor	
Last Name (Family Name) Desjardins		First Name (Given Name) Karla		Employer's Business or Organization Name UConn Payroll Department
Employer's Business or Organization Address (Street Number and Name) 343 Mansfield Road Unit 1111		City or Town Storrs		State CT <input type="text" value="v"/>
				Zip Code 06269

H1B, TN, O – What's different?

- Section 1
 - Must complete on or before 1st day of work.
 - Employee provides more information.
- Section 2
 - Same documents
 - Foreign Passport
 - I-94
 - **IMPORTANT:** Employee must print I-94! Will not be issued at port of entry.
 - **MORE** information from those documents listed in List A.

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) Example		First Name (Given Name) HoneB TN O		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 123 Sample Road			Apt. Number	City or Town Storrs	State CT	Zip Code 06269
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number [][]-[][]-[][][][]		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) 08/22/2014. 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

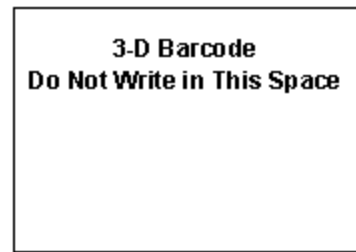
2. Form I-94 Admission Number: 0 1 0 1 0 1 0 1 0 1 0

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

Foreign Passport Number: xx00000000

Country of Issuance: Country

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



Signature of Employee:	Date (mm/dd/yyyy): <u>08/20/2013</u>
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Employee Last Name, First Name and Middle Initial from Section 1: Example, HoneB TN O

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport		Document Title:		Document Title:
Issuing Authority: Country		Issuing Authority:		Issuing Authority:
Document Number: XX00000000		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy) 05/31/2016		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: I-94				<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority: US DHS/CBP				
Document Number: 01010101010				
Expiration Date (if any)(mm/dd/yyyy) 08/22/2014				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy)				

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): 08/22/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 08/20/2013	Title of Employer or Authorized Representative Payroll Supervisor	
Last Name (Family Name) Desjardins	First Name (Given Name) Karla	Employer's Business or Organization Name UConn Payroll Department		
Employer's Business or Organization Address (Street Number and Name) 343 Mansfield Road Unit 1111		City or Town Storrs	State CT	Zip Code 06269

Reverification – What's different?

- Only page 2 of new Form I-9 is used.
 - Page 1 is not used since name is written at top of page 2.
- Cannot reverify using old Form I-9.
- Only Reverifications using Page 2 of the new Form I-9 will be accepted.
 - Form must have expiration date of 03/31/2016
- Instructions have been clarified.

Employee Last Name, First Name and Middle Initial from Section 1: <i>Example, Reverification</i>				
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; text-align: center;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
				Zip Code

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-94	02020202020	08/22/2015

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:
	08/22/2013	Karla E Desajrdins

Employee Last Name, First Name and Middle Initial from Section 1: Example, Behre Beverication				
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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):
			08/23/2013

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:
	08/20/2013	Karla E Desjardins

Employee Last Name, First Name and Middle Initial from Section 1: Example, Change of Status Reverification				
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)		First Name (Given Name)
Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
		Zip Code

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):
Perm Res Card	000-000-000	08/01/2023

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:
	08/20/2013	Karla E Desjardins

Contacts

- Ellen Lowe, Assistant Director
 - 860-486-6915
 - Ellen.Lowe@uconn.edu
- Karla Desjardins, Payroll Supervisor
 - 860-486-5763
 - Karla.Desjardins@uconn.edu

ePay

- ePay is live and available for use
 - The check dated May 31, 2013 was the last printed direct deposit statement of advice.
 - The June 14, 2013 direct deposit statement of advice will be available exclusively on-line.
- Log in information
 - User ID – 6 digit employee number located on your pay stub
 - Password – First 4 letters of last name (all caps) and last 4 digits of your Social Security Number
 - Set up your system email address and forgotten password help question located under My System Profile.
- Log in now, beat the rush!
 - To date about 1650 of the 14,000 UConn users have logged in to ePay.
- Visit Payroll's website for training tools, F.A.Q's and Help Requests.

Questions?

