

CHANGES TO I-9 COMPLIANCE

“We have to do what now????”

Meet Your Presenters



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What is it?

And does it apply to me?

- The government let us accept emailed and uploaded documents to verify I-9s during Covid.
- Now they're planning to rescind that flexibility and require in-person, physical inspection of supporting documents. That includes revisiting the documents submitted by employees hired since March 20, 2020, and physically reviewing them in person (holding the passport in your hand). This is supposed to happen at the end of July, and you have 30 days to complete the project.
- If you hired employees since March 20, 2020, and accepted a virtual review of the documents, it applies to you.

The I-9 Form hasn't changed.

What IS changing?

- **July 31, 2023:** Last day of flexibilities in virtual review of supporting documents.
- **August 1 – 31, 2023:** Complete physical examination of supporting documents and update Page 2 of the I-9 in the “Additional Information” field
 - Employees hired between *March 20, 2020 – now*
 - Enter “COVID-19, documents physically examined”
 - Write the date of the physical review of documents
 - Write the name of the person completing the review of documents

What to do now?

Option 1: Wait and see if it sticks. If it doesn't, you haven't wasted any time.

Option 2: Identify active employees hired since 3/20/20 and their location. Go ahead and identify a person near them who could complete a physical review and share Thread's guide with them. Ask them to document the review on the employee's I-9 and send it back to you for upload. Our HR team will help with this.

Option 3: We have a partner who can facilitate this with your employees for a setup fee and \$8 per I-9.

Same Reviewer, Same Documents

In the Additional Information field:

- Covid-19
- Documents physically examined on (date)
- by (initials of reviewer)

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022	
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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")			
Employee Info from Section 1		Last Name (Family Name) Washington	First Name (Given Name) George
		M.I. N/A	Citizenship/Immigration Status 2
List A Identity and Employment Authorization		List B Identity	List C Employment Authorization
Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security card (unrestricted)	
Issuing Authority N/A	Issuing Authority Virginia	Issuing Authority Social Security Administration	
Document Number N/A	Document Number 123456	Document Number 123456789	
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 02/22/2022	Expiration Date (if any) (mm/dd/yyyy) N/A	
Document Title N/A	Additional Information Remote inspection completed on 03/30/2020		
Issuing Authority N/A	COVID-19 Documents physically examined on mm/dd/yyyy by AA		
Document Number N/A	QR Code - Section 2 Do Not Write in This Space		
Expiration Date (if any) (mm/dd/yyyy) N/A			
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): 03/30/2020 (See instructions for exemptions)			
Signature of Employer or Authorized Representative Abigail Adams		Today's Date (mm/dd/yyyy) 03/30/2020	Title of Employer or Authorized Representative HR Manager
Last Name of Employer or Authorized Representative Adams		First Name of Employer or Authorized Representative Abigail	Employer's Business or Organization Name Department of Defense
Employer's Business or Organization Address (Street Number and Name) 123 Independence Avenue NW		City or Town Washington	State DC
		ZIP Code 20210	
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Hire (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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		Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

Different Reviewer, Same Documents


In the Additional Information field:

- Covid-19
- Documents physically examined on (date)
- by (job title or relationship), (full reviewer name)

Employment Eligibility Verification		USCIS	
Department of Homeland Security		Form I-9	
U.S. Citizenship and Immigration Services		OMB No. 1615-0047 Expires 10/31/2022	

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Washington	George	N/A	2

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security card (unrestricted)
Issuing Authority N/A	Issuing Authority Virginia	Issuing Authority Social Security Administration
Document Number N/A	Document Number 123456	Document Number 123456789
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 02/22/2022	Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	<div>Additional Information Remote inspection completed on 03/30/2020</div> <div>COVID-19 Documents physically examined on mm/dd/yyyy by HR Manager Betsy Ross</div> <div>QR Code - Section 2 Do Not Write in This Space</div> 	
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any) (mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any) (mm/dd/yyyy) N/A		

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): 03/30/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Abigail Adams	03/30/2020	HR Manager

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Adams	Abigail	Department of Defense

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
123 Independence Avenue NW	Washington	DC	20210

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)
Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

If employee presents different documents

Complete section 2 of the I-9 with the new information and attach it to the original I-9.

Note in the Additional Information field in section 2:

- Covid-19
- Documents physically examined on (date)
- by (job title or relationship), (full reviewer name)

OR

- initials if same person completed the original review and is completing this review.

What if it's a new company representative and different supporting documents?

Complete section 2 of the I-9 with the new information and attach it to the original I-9.

Note in the Additional Information field in section 2:

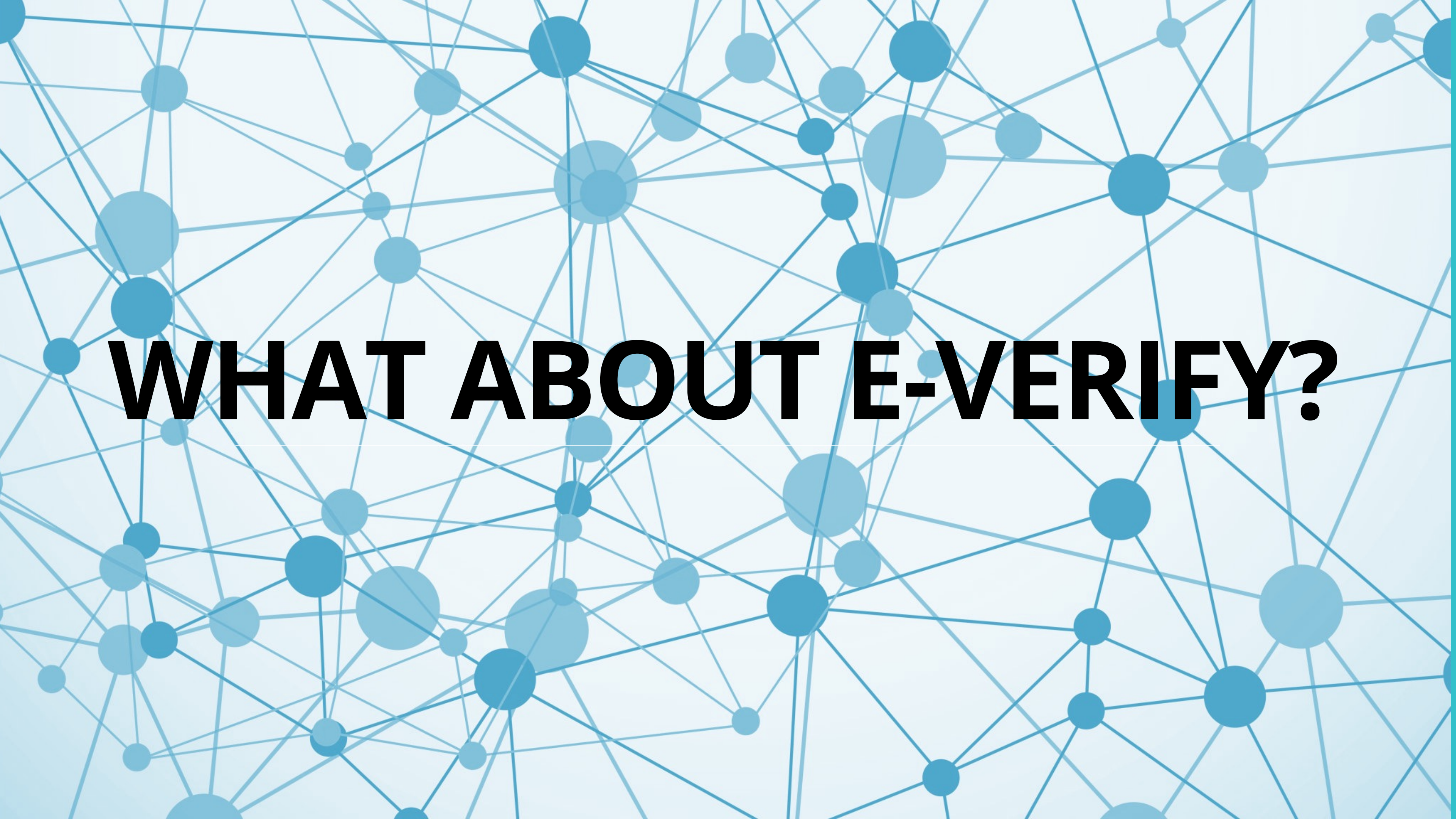
- Covid-19
- Documents physically examined on (date)
- by (job title or relationship), (full reviewer name)

<p>Additional Information</p> <p><i>Remote inspection completed on mm/dd/yyyy</i></p> <p><i>COVID-19</i></p> <p><i>Document physically examined on mm/dd/yyyy by JA</i></p>

What happens if...



- Employees document(s) are now expired?
- Employee(s) is on a leave during the month of August?
- Employee(s) is no longer employed?
- Employee(s) changes immigration status?
- Employee(s) refuses to allow for physical review of documents?



WHAT ABOUT E-VERIFY?



QUESTIONS?

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