

# I-9 Handbook Employee Sec 1

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## **19 Compliance**

### Who Needs To Complete It & By When?

#### **SECTION 1**

### **Employee Information Submission**

Must be completed and signed by employee before the end of his / her 1st day of Employment at USA.\*

### **SECTION 2**

### **Employer Review & Verification**

Must be completed by authorized signatory before the end of 3 business days after the employees 1st day of employment at USA.\*

#### **SECTION 3**

### **Updating and Re-Verification**

Needed only when documents expire, work authorization changes or there is a name or SSN change.

### What is the 1st Day of Employment @USA?



For employees recruited locally in USA – this is their Date of Joining Wipro.



For employees deputed to USA (on work permit) from India or other countries this is the 1st Working Day following their Travel Start Date – Exclude weekends and US holidays. (Refer Example on Next Slide)

## **19 Compliance**

### **Example**

- If the employee started his / her travel from India on Friday then the 1st working day would be Monday. In such case employee needs to complete and submit section 1 before 5:30 pm on Monday.
- In the above case the Authorized Signatory needs to complete and submit section 2 by 5:30 Pm on Thursday.
- In the above example If Monday happens to be a Holiday in US, then the 1st Working day would be Tuesday. Accordingly section 1 needs to be completed by Tuesday 5:30 Pm and Section 2 by Friday 5:30 Pm.

Employees who don't have access to Laptop / internet access can complete this process from the hotel business center or also visit the nearest FedEx kiosk / FedEx office to complete the I9 form.

(Expenses are reimbursable, please read note below)

**Note:** Retain any receipts for out-of-pocket expenses associated with the completion of this form, reasonable expenses of visiting the FedEx office is reimbursed at actual. This is applicable for both employees on daily allow ance at actual expense incurred or flat rate option. This may then be submitted for reimbursement using "Cash" module within myWipro.

Signatory Remote Agent needs to mandatorily complete Section 2 within 3 business days of the employees 1st day of employment in USA – NO EXCEPTIONS

**Note:** In the event of non-completion of the I-9 form within the stipulated time, the employee will not be permitted to work.



## **19 Compliance**

Timely Completion of I9 is a Mandatory Requirement.....

The IRCA (Immigration Control And Reform Act) of USA can levy penalties ranging from \$216 to \$2156 per employee for noncompliance of 19 within timelines.

Failure to complete Section 1 and to produce the appropriate document(s) before the end of the 1st day of employment may make the employee in eligible for employment with the company.



## **Instructions To Complete Section-1**

- 1 Enter the full legal name. Last name, given name, middle initial and other name. Other name cannot be blank. If not applicable please mention NA.
- 2 Enter current address; this can also be temporary hotel address (Incase permanent house address is not yet known). The address needs to match with what is mentioned in I-94. P.O. Box address is acceptable.
- 3 Date of birth in the format M/D/Y
- 4 Enter the 9 digit Social Security number. However employees who are on deputation to US and still waiting to get the social security card may enter Awaiting issuance of SSN.

- 5 & 6 Enter the Email address and US telephone number.
- 7 Employee under penalty of perjury must select their citizenship /immigration status. The selection must be supported with work authorization document.
- This field applies for employees who are in Alien authorized to work status. Employees who hold EAD can enter the Alien number. Employees who hold valid passport and I-94 can mention the I-94 number or passport number and country of issuance.

https://www.perfectcompliance.com/4DCGI/WEB\_Log\_Login/AGT/C7BA1F8EC1015C4E9B735AFB056D01F10000001727

Employee receives email with link and instructions to complete section 1 of form I-9



## **Instructions To Complete Section-1**

## **Employee Logs In**

The employee is greeted with a Welcome message and then clicks the Get Started button

#### Welcome to the Form I-9 Process

Federal law requires all new employees hired after November 6, 1986, to complete the I-9 Employment Eligibility Verification form. As part of this process you will be asked to present original documents establishing identity and employment eligibility no later than the third day of employment.

Sensitivity: Internal & Restricted

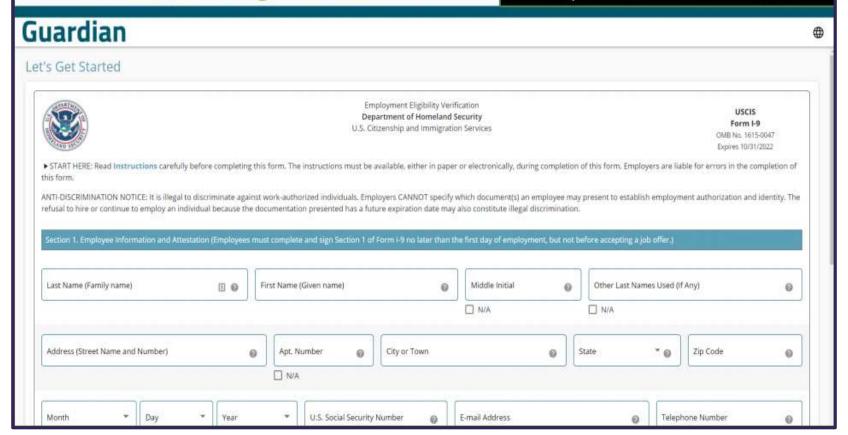
You must complete your section of the form by 12/20/2016.

Foday you will be walked through a few steps you need to take in order to complete the 1-9 process including:

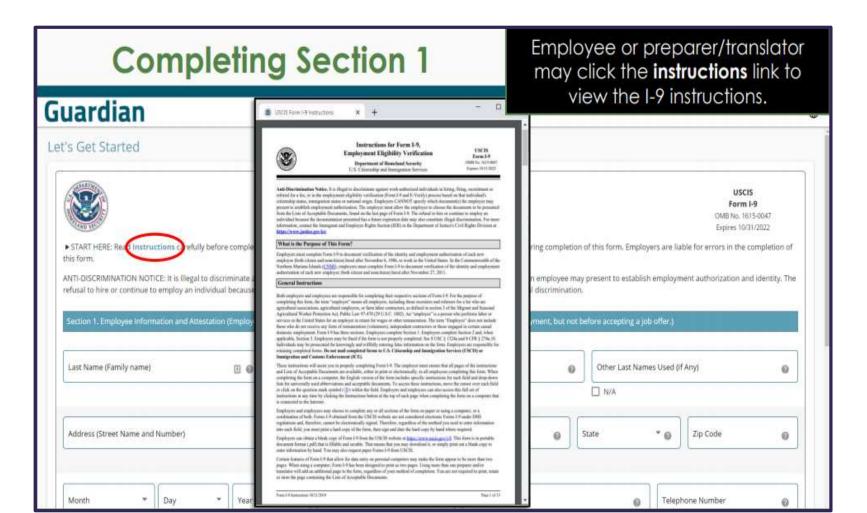
- Fill out the Form I-9, Section 1
- Choose the documents you will provide to verify employment eligibility
- Receive instructions on next steps for form completion by your employer representative.



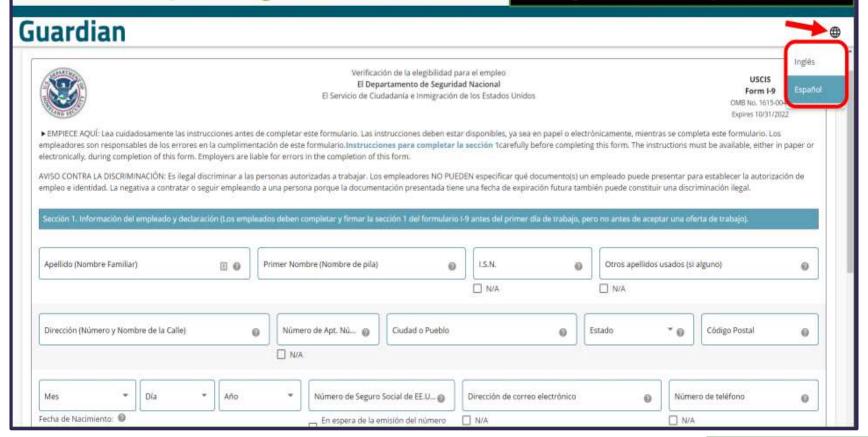
The employee is then prompted to complete Section 1 of Form I-9.



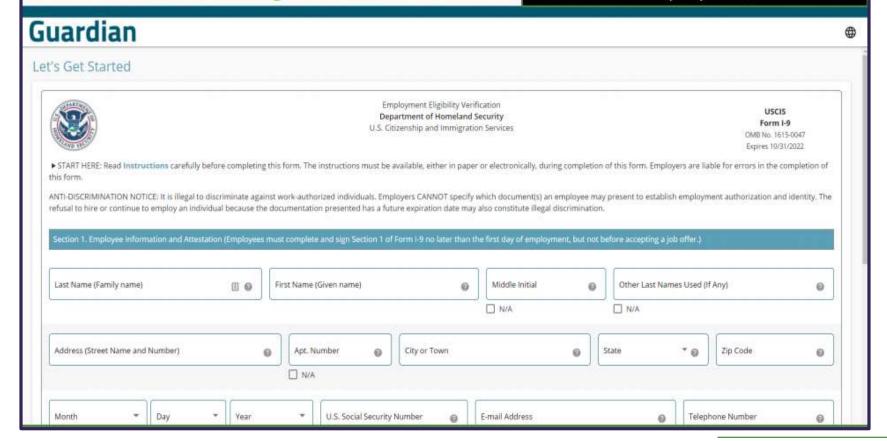
Sensitivity: Internal & Restricted



The **Language** option can be changed to provide **Spanish** subtext.



Employee or Preparer/Translator enters the employee information.

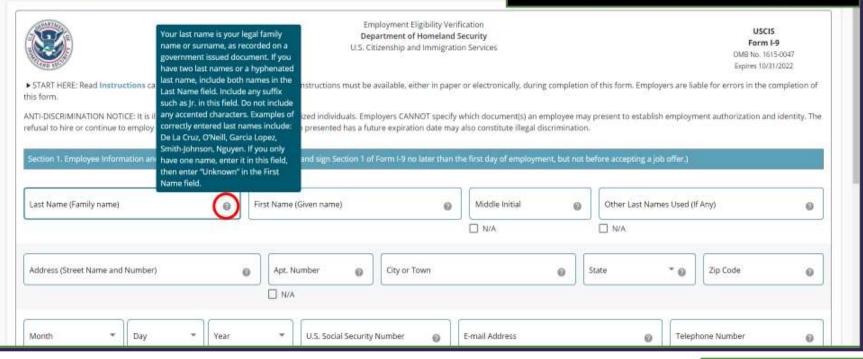


Sensitivity: Internal & Restricted

### Guardian

Let's Get Started

Help text is available and will appear when hovering over the symbol, (or by clicking the symbol when completing Section 1 from a mobile device).



### Guardian

Employment Eligibility Verification

Department of Homeland Security

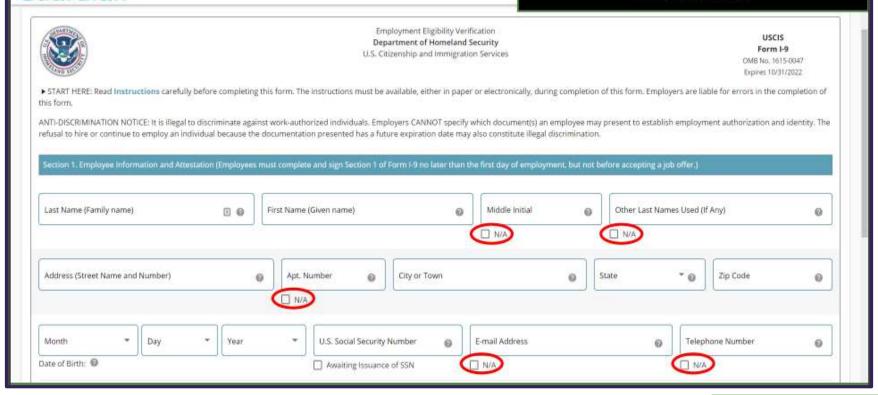
U.S. Citizenship and Immigration Services

All fields are required, except for Social Security No., unless participating in E-Verify. For E-Verify participants, select Awaiting Issuance of SSN if the employee has not yet received their SSN.

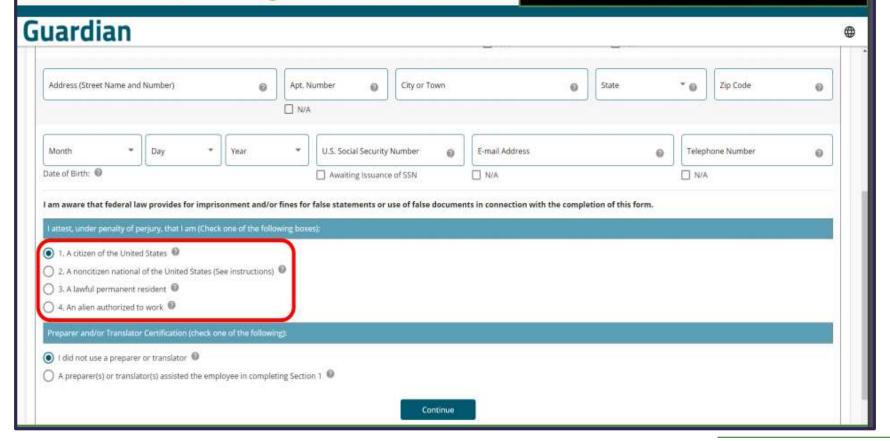
Expires 10/31/2022 ► START HERE: Read Instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. 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 Other Last Names Used (If Anv) 0 FI N/A [] N/A Address (Street Name and Number) 0 Apt. Number City or Town State. Zip Code 0 □ N/A U.S. Social Security Number E-mail Address Telephone Number Month Day Year 0 0 Date of Birth: @ □ N/A Awaiting Issuance of SSN N/A

### Guardian

Employee or preparer/translator enters N/A for fields not applicable to the them, or uses the N/A checkboxes.



Employee or preparer/translator selects one of the four attestations.

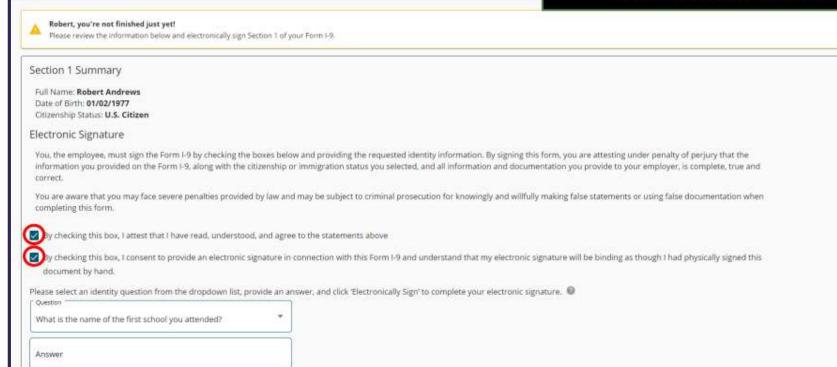


### Employee or preparer/translator **Preparer/Translator Certification** specifies whether a preparer and/or translator was used and then Guardian click Continue. For more information on completing the Address (Street Name and Number) Apt. Number City or Town Preparer/Translator certification N/A please see the related tutorial. U.S. Social Security Number Month Day Year 0 E-mail Address Telephone Number 0 Date of Birth: 0 Awaiting Issuance of SSN □ N/A TI N/A 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. 1. A citizen of the United States 2. A noncitizen national of the United States (See instructions) 3. A lawful permanent resident 4. An alien authorized to work I did not use a preparer or translator A preparer(s) or translator(s) assisted the employee in completing Section 1

Continue

### Guardian

Employee attests that the information provide is accurate and agrees to the Electronic Signature by clicking the on-screen checkboxes.



### Guardian



#### Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

#### Section 1 Summary

Full Name: Robert Andrews Date of Birth: 01/02/1977 Citizenship Status: U.S. Citizen

#### Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form 1-9, along with the citizens correct.

You are aware that you may face severe penalties provided by law completing this form.

- By checking this box, I attest that I have read, understood, and
- By checking this box, I consent to provide an electronic signature document by hand.

Please select an identity question from the dropdown list, provide

What is the name of the first school you attended?

Answer

To complete the Electronic Signature, the Employee selects from the available signature questions.

**Note:** Optionally, employers may opt for an employee-generated PIN number, instead of the Question/Answer option, as the Electronic Signature method.

What is the name of the first school you attended?

What is your mother's middle name?

What was the make and model of your first car?

What is the name of the first major city you visited?

What is the name of the hospital where you were born?

ding as though I had physically signed this

e to your employer, is complete, true and

ments or using false documentation when

### Guardian



#### Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9

#### Section 1 Summary

Full Name: Robert Andrews Date of Birth: 01/02/1977 Citizenship Status: U.S. Citizen

#### Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and docume covers.

Employee is prompted to provide a memorable answer to the signature question (or enter a 4-digit PIN).

Note: Responses are not validated, and will not be referenced or reused during any subsequent employee signatures. However, all responses are recorded, and can be provided in the event of an audit.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- By checking this box, I attest that I have read, understood, and agree to the statements above
- By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click Electronically Sign' to complete your electronic signature.

What is the name of the hospital where you were born?

- Artime

New York City Hospital

Guardian Electronic Signature You, the employee, must sign the Form I-9 by checking I information you provided on the Form I-9, along with the You are aware that you may face severe penalties provi completing this form. By checking this box, I attest that I have read, underst By checking this box, I consent to provide an electron document by hand. Please select an identity question from the dropdown la Question What is the name of the hospital where you were born Answer New York City Hospital Send me proof of my electronic signature E-mail Address \* Robert Andrews@test.com

Lil No. 155504 Employee Receipt of Electronically Filed Form I-9 This Form I-9 receipt certifies that the individual named below has declared under penalty of perjury that he/she.

1) Is the individual specified in Section 1. His read the Form I-9 Attentation:
 His patached his her electronic signature at the bottom of Section 1, thereby attention as indicated on the Form I-9. Name of Employer G2 havic company Name of Employee Date section I signed Andrews, Robert 12/13/2016 @ 09:26:14

Optionally, the employee may receive a receipt of their Electronic Signature by clicking the checkbox and providing an email address.

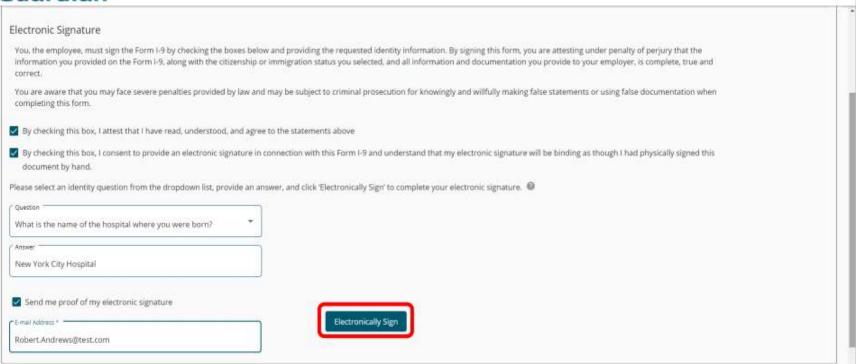
The receipt will be emailed, and certifies the completion of Section 1 by the employee.

signature will be binding as though I had physically signed this

ignature. @

The employee then clicks the Electronically Sign button to proceed.

### Guardian



# **Section 1 Completed**

The employee finishes the last step in the process of Section 1 by clicking the Complete button.

### Section 1 Completed



You have successfully completed Section 1 of the Form I-9. Next, the I-9 Verifier will take over to complete the remainder of the form. Click Complete to finish your portion and return control of the device to your I-9 Verifier.



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### LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A  Documents that Establish		LIST B  Documents that Establish		LIST C Documents that Establish	
	Both Identity and Employment Authorization	OR	Identity AN	ND.	Employment Authorization	
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Allen Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary		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		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	
	551 printed notation on a machine- eadable immigrant visa		<ol> <li>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</li> </ol>		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
4.	Employment Authorization Document that contains a photograph (Form I-766)			2.	Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
5	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and	4	3. School ID card with a photograph		Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
_			Voter's registration card			
			5. U.S. Military card or draft record			
			6. Military dependent's ID card			
		ı	. U.S. Coast Guard Merchant Mariner Card	4.	Native American tribal document	
				5.	U.S. Citizen ID Card (Form I-197)	
	(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.		Native American tribal document	1	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		10	<ol> <li>Driver's Icense issued by a Canadian government authority</li> </ol>			
			For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security	
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card			
			11. Clinic, doctor, or hospital record	1		
			12. Day-care or nursery school record			



# Thank you