

**EMPLOYMENT ELIGIBILITY (Form I-9) VERIFICATION FORM
I-9 Checklist**

Important Notice: Failure to properly complete the Form I-9 is a violation of the Immigration Reform and Control Act of 1986 (IRCA) and subjects the employer to sanctions.

Instructions:

The Form I-9, along with the verification form, must be completed within three (3) business days (NOT working days) of the employee's date of hire. This form must be attached to the completed Form I-9 and "Lists of Acceptable Documents". Form I-9s for Standing, FTI, and FTII appointments should be mailed to the Office of Human Resources, Benefits Division, 410 James M. Elliott Building. Form I-9s for post-docs, graduate assistants and wage payroll employees should be mailed to the individual assigned to process these appointment forms in your college or administrative unit.

Review the completed Form I-9 and initial the following:

1. The Form I-9 was completed within three (3) business days of hire. **If the Form I-9 was not completed within three (3) business days of hire, you must attach a written explanation to the Form I-9 explaining why this did not occur.**_____

initials

2. Instructions regarding the Form I-9 were made available to the employee prior to the completion of the Form I-9.

_____ initials

3. The Form I-9 used is both current (revised 08/07/09) and unexpired (date in the upper-right hand corner)

_____ initials

4. Section 1 Information is printed and legible.

_____ Initials

5. Date of birth completed.

_____ initials

6. Employee's social security number, if entered, is correct.

_____ Initials

7. Employee attested to citizenship, U.S. nationality, permanent residency, or authorization to work.

_____ Initials

8. Employee signed **and** dated Section 1.

_____ initials

9. **Original** documents (photocopies not acceptable) presented by the employee are consistent or non-contradictory to the employee's attestation of work authorization.

_____ Initials

10. Section 2 (List A, OR Lists B and C) information is complete and accurate and corresponds to the accompanying "Lists of Acceptable Documents".

_____ Initials

11. Employment date is complete with month, day and year. _____
Initials

12. Signature of person completing the Form I-9 on behalf of Penn State. _____
Initials

13. Printed name and title of individual in line 12. _____
Initials

14. Business address information is complete, i.e. The Pennsylvania State University, with your unit's complete mailing address (room number, building name, city, state, and zip code). _____
Initials

15. Signature date. _____
Initials

16. Copies of only the documents required to complete the Form I-9 are included. _____
Initials

By initialing the above, and signing below, I attest that I have examined the attached Form I-9 and that it is complete and accurate to the best of my knowledge.

Signature of Person who completed AND examined the attached
(2 page) Form I-9
(revised 10/2009)

Date