# Instructions for Remote Workers

Completing the Form I-9 Employment Verification

Federal Law requires Worcester Polytechnic Institute (WPI) to have a valid Form I-9 on file for every employee, and requires the employee to complete the Form I-9 no later than **three business days from their employment start date**. The Form I-9 has two sections: Section 1 is completed and signed by the employee, and Section 2 is completed and signed by the employer (or authorized representative) after examining the employee’s original documents (see [List of Acceptable Documents](#_LISTS_OF_ACCEPTABLE_1)).

WPI employs individuals who may not be able to travel to a Worcester Polytechnic Institute office location to complete their Form I-9 within the first three business days from their employment start date. The following process is to be followed for any employee who is unable to travel to a Worcester Polytechnic Institute campus to complete their Form I-9. **THIS PROCESS IS NOT TO BE USED BY EMPLOYEES IN WORCESTER.**

**Process for completing the Form I-9 at a remote location**:

You (employee) completes **Section #1** **(found on page 3)** by the first day of employment, either before visiting a designated representative or in the presence of the designated representative. You will need to take the Form I-9 and your document(s) from the [List of Acceptable Documents](#_LISTS_OF_ACCEPTABLE_1) to the designated representative to complete Section #2. The designated representative can be a Notary Public ([find a notary),](https://secure.usnotaries.net/members/directory.asp) or you can call Human Resources, Division of Talent & Inclusion at 508-831-5470 or email talent@wpi.edu for assistance in locating a college or university closest to your location.

When you visit the designated representative, please provide them with our instructions for completing **Section #2** **(found on page 2)**. If they have questions or concerns, they should call the contact number listed on the instructions.

Please send us the original completed form (not a photocopy) and a copy of the documents you presented to the representative. These must be postmarked no later than three business days from your employment start date. Please mail the necessary information to:

**Human Resources, Division of Talent & Inclusion**

**Attn: I-9 Coordinator**

**100 Institute Road**

**Worcester, MA 01609**

*Failure to complete the Form I-9 in a timely manner will delay important onboarding items including access to university systems, the ability to complete benefit elections (if applicable), setting up payment elections (direct deposit), and tax withholding elections (federal, state and local taxes). If you have questions regarding the process for completing Form I-9 verification for off-site employees or the other required Worcester Polytechnic Institute onboarding steps, contact the Human Resources, Division of Talent & Inclusion at 508-831-5470 or email us at* *talent@wpi.edu**.*



**Instructions for Designated Representatives completing Section #2 of the Form I-9:**

Thank you for completing Section #2 of the Form I-9 Employment Authorization on behalf of Worcester Polytechnic Institute (WPI). Please follow these steps to complete the form accurately and completely. You [United States Citizenship and Immigration Services I-9 Central.](https://www.uscis.gov/i-9-central)

1. The WPI employee will present to you the Form I-9 with Section #1 already completed, or they may complete Section #1 in your presence.
2. Please complete Section #2 on the second page of the form. We have pre-populated the employer name and address for your convenience.
3. Examine the documents presented by the employee from either List A or List B and C of the [List of Acceptable Documents](#_LISTS_OF_ACCEPTABLE_1). Please note: the documents presented must be the original documents. You may not accept a picture, photocopy, video, etc. of the List A or List B and C documents. If the employee does not have the original document(s), they will need to return with them to complete the form.
4. Please fill in the required information and make a legible copy of the documents that were presented to you.
5. **Notary Publics: Please do not stamp the Form I-9 with your seal.** You are completing Section #2 on behalf of Worcester Polytechnic Institute and acting as one of our authorized representatives, not as a notary.

If you have any questions regarding the form or instructions, please contact Human Resources, Division of Talent & Inclusion, via email at talent@wpi.edu or by calling 508-831-5470.

Sincerely,

Human Resources, Division of Talent & Inclusion

Worcester Polytechnic Institute

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**USCIS**

**Form I-9**

OMB No. 1615-0047

Expires 08/31/2019

**Employment Eligibility Verification**

**Department of Homeland Security**

U.S. Citizenship and Immigration Services



►**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.

Employee's E-mail Address

-

-

Employee's Telephone Number

U.S. Social Security Number

Date of Birth *(mm/dd/yyyy)*

ZIP Code

State

City or Town

Apt. Number

Address *(Street Number and Name)*

Other Last Names Used *(if any)*

Middle Initial

First Name *(Given Name)*

Last Name *(Family Name)*

**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.)*

**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 boxes):**

|  |
| --- |
| 1. A citizen of the United States |
| 2. A noncitizen national of the United States *(See instructions)* |
| 3. A lawful permanent resident (Alien Registration Number/USCIS Number): |
| 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. *(See instructions)**Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:**An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*1. Alien Registration Number/USCIS Number:

**OR**1. Form I-94 Admission Number:

**OR**1. Foreign Passport Number:

Country of Issuance: | QR Code - Section 1 Do Not Write In This Space |

Signature of Employee

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Today's Date *(mm/dd/yyyy)*

|  |  |
| --- | --- |
| Signature of Preparer or Translator | Today's Date *(mm/dd/yyyy)* |
| Last Name *(Family Name)* | First Name *(Given Name)* |
| Address *(Street Number and Name)* | City or Town | State | ZIP Code |

 *Employer Completes Next Page*

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**USCIS**

**Form I-9**

OMB No. 1615-0047

Expires 08/31/2019

**Employment Eligibility Verification**

**Department of Homeland Security**

U.S. Citizenship and Immigration Services



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| --- |
| **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 |

## List A OR List B AND List C

**Identity and Employment Authorization Identity 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 | Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space |
| 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 | Today's Date *(mm/dd/yyyy)* | Title of Employer or Authorized RepresentativeAuthorized Representative |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization NameWorcester Polytechnic Institute |
| Employer's Business or Organization Address (Street Number and Name)100 Institute Road | City or TownWorcester | StateMA | ZIP Code01609 |

|  |
| --- |
| **Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)* |
| **A.** New Name *(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 |

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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 Both Identity and Employment Authorization** | **OR** | **LIST B LIST C****Documents that Establish Documents that Establish Identity Employment Authorization****AND** |
| **1.** U.S. Passport or U.S. Passport Card |  | **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 | 1. 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
	3. VALID FOR WORK ONLY WITH DHS AUTHORIZATION
 |
| **2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551) |
| **3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa |
| **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 |
| **4.** Employment Authorization Document that contains a photograph (FormI-766) | **2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| **3.** School ID card with a photograph |
| 1. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
	1. Foreign passport; and
	2. Form I-94 or Form I-94A that has the following:
		1. The same name as the passport; and
		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.
 | **3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| **4.** Voter's registration card |
| **5.** U.S. Military card or draft record |
| **6.** Military dependent's ID card |
| **4.** Native American tribal document |
| **7.** U.S. Coast Guard Merchant Mariner Card |
| **5.** U.S. Citizen ID Card (Form I-197) |
| **8.** Native American tribal document | **6.** Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| **9.** Driver's license issued by a Canadian government authority |
| **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 FormI-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 |
| **12.** Day-care or nursery school record |

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

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