



Harvard University

INSTRUCTIONS TO THE NEW EMPLOYEE TO COMPLETE FORM I-9

Hiring Department:

This document must be completed by the hiring department and provided to the employee along with the [“Instructions to the Authorized Representative Completing Section 2 of the Form I-9.”](#)

If a household member is completing Section 2, the hiring department should set up a video conference with the Authorized Representative to assist them with every step of the process in order to confirm the appropriate documents have been presented and the form has been completed accurately.

EMPLOYEE INFORMATION

Last Name:	First Name:	Middle Initial:
Employee’s First Day of Employment (for I-9):		

INSTRUCTIONS TO THE EMPLOYEE:

Secure File Transfer and Household Member Acting as a Section 2 Completer

1. You, the employee, will receive a Harvard email requesting you complete the enclosed Form I-9. You will be prompted to set up a Kiteworks/Accellion account using your email address as the log-in. Kiteworks/Accellion is a secure file transfer solution for protecting data in transit. It uses industry-standard encryption to secure files sent or received by Kiteworks users.
2. You will download Form I-9 and complete Section 1 of the Form I-9 as soon as possible but **no later than** the close of business on your first day of employment with Harvard University. You may also find the Form I-9 in both English and Spanish at: <https://www.uscis.gov/i-9>
3. You are required to indicate on the form whether you did or did not use a preparer and/or translator to assist you with completing Section 1.
4. You will assemble original, unexpired documents that fulfill the requirements of [“Acceptable Documents.”](#)
 - You will photograph Section 2 documents and include them in your I-9 packet.
 - Attn: Nonresident Aliens: While the I-94 shows work authorization, Harvard requires additional documentation (I-797, I-20, DS-2019) to show eligibility to work at Harvard. Please consult the [“Acceptable Documents”](#) section of the Form I-9 Instructions.
5. You will have an adult (member of your household, notary, personnel office, etc..) act as Harvard’s authorized representative and complete Section 2 of the Form I-9. See the attached [instructions for the authorized representative](#).
6. Contact your hiring department listed on the Authorized Representative with questions. The Authorized Representative must fully complete Section 2 document information including entering the first day of work.
7. Signature requirements: If you have a printer, print out the Form I-9. The new employee must sign Section 1 and the Authorized Representative sign Section 2. Attach a scan or photo of the signed form with copies of the Section 2 documents, to the Kiteworks/Accellion email and reply back to Harvard. If a printer is not available, both you and the Authorized Representative can electronically sign the Form I-9 and attach it with scans or photos of the Section 2 documents to the Kiteworks/Accellion email and reply back to Harvard.
8. NOTE: an electronic signature must be a digital signature that shows the date and time the individual signed the form. Example of an electronic signature:

Signature of Employee Karen Kittredge <small>Valid signature</small>	Digitally signed by Karen Kittredge Date: 2020.05.13 09:20:24 -04'00'
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Harvard University

INSTRUCTIONS TO THE AUTHORIZED REPRESENTATIVE COMPLETING SECTION 2 OF THE FORM I-9

Hiring Department:

This form must be completed by the hiring department and provided to the employee. The employee is to provide this form to the Authorize Representative at the time the Form I-9 is completed.

A Harvard I-9 Administrator should set up a video conference with the Authorized Representative to assist with the process, view and confirm the appropriate documents have been presented and the form has been completed accurately.

Authorized Representative:

The U.S. Citizenship and Immigration Services (USCIS) requires employers to verify the eligibility of employees to work in the U.S. We are asking you to serve as Harvard’s authorized representative in this regard by examining the individual’s documents for us and then completing and signing the USCIS Employment Eligibility Verification Form I-9. Please contact the hiring department contact listed below with any questions or to set up a time to go through the process via video conference. Please see: [Form I-9 Instructions](#) and [List of Acceptable Documents](#) for additional information.

INSTRUCTIONS:

1. Confirm that the employee has fully completed, signed, and dated Section 1 of the I-9.
2. Confirm that the employee has indicated if they did or did not use a preparer and/or translator to assist with completing Section 1.
3. If not already completed, enter the employee’s last name, first name, and middle initial, then select the correct citizenship/immigration status in the “Employee Info from Section 1” area at the top of Section 2.
4. Review the documents presented; see list of “[Acceptable Documents](#).” Examine each original, unexpired document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. Faxes, photocopies, and laminated social security cards are unacceptable.
5. In the spaces provided under List A or List B and List C, please record the document title, issuing authority, document number, and expiration date (if any). Note: There are many different visa classifications used at Harvard to accommodate our international population. The authorized representative must collect additional documentation (I-797, I-20, or DS-2019) to show eligibility to work at Harvard.
6. Enter the date the employee began or will begin work for pay.
7. Enter the date you completed Section 2.
8. Enter your Title as “Authorized Representative,” your Last Name, and First Name.
9. Enter “Harvard University” for the Employer’s Business Name.
10. Enter the Employer’s Business Address listed below or Central Payroll, 1033 Massachusetts Ave., Cambridge, MA 02138 if blank.
11. Sign the form. By signing the form, you are attesting, under penalty of perjury, that to the best of your knowledge, the employee is authorized to work in the United States, and the document(s) you examined appeared to be genuine and to relate to the individual. NOTE: An electronic signature must be a digital signature that shows the date and time the individual signed the form.
12. Make copies of the section 2 documents reviewed to submit with the form.
13. Return the completed Form I-9 as well as the original and copies of the documentation back to the employee who will submit the packet to Harvard.

EMPLOYEE’S HIRING DEPARTMENT CONTACT INFORMATION

Contact Name:	Contact Title:
Contact Phone Number:	Contact Email Address:
Business Address (for I-9):	Business City, State, Zip (for I-9):



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

▶ **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 any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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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.

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

STOP
Employer Completes Next Page
STOP



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)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		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 Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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)			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)
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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 Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.