



# Harvard University

## INSTRUCTIONS TO THE *NEW EMPLOYEE* TO COMPLETE PAPER FORM I-9

### EMPLOYEE INFORMATION:

Employee 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. The email may be sent via Microsoft Outlook Encryption or Kiteworks/Accellion. In either case, follow the steps to log-in, request a PIN, or set up a one-time account using your email address as the log-in. Both Microsoft Outlook Encryption and Kiteworks/Accellion are secure file transfer solutions for protecting data in transit. It uses industry-standard encryption to secure files sent or received by users.
2. You will download and save the Form I-9 Packet to your desktop 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. If anyone assists you in completing Section 1, they are considered a Preparer and/or Translator and they must complete the attached Supplement A, Preparer and/or Translator Certification.
4. You will assemble original, unexpired documents that fulfill the requirements of "[Acceptable Documents](#)."
5. You will photograph Section 2 documents and include them in your I-9 packet.
  - 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. If working off-campus, confirm that your work authorization permits you to work remotely. Contact the Harvard International Office for additional guidance.
6. If an adult household member is completing Section 2, the hiring department must set up a video conference with you and the Authorized Representative to assist them with every step of the process to confirm the appropriate documents have been presented and the form has been completed accurately.
7. 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](#).
8. Contact your hiring department listed on the instructions for Authorized Representative with questions. The Authorized Representative must fully complete Section 2 document information including entering the first day of work.
9. Signature requirements: If you have a printer, you can print the Form I-9. The new employee must sign Section 1 and the Authorized Representative signs Section 2. Attach a scan or photo of the signed form with copies of the Section 2 documents to the Microsoft Outlook Encrypted or 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.
10. 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<br><b>Karen Kittredge</b><br><small>Valid signature</small> | Digitally signed by Karen Kittredge<br>Date: 2020.05.13 09:20:24 -04'00' |
|---|--|



# Harvard University

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

### 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, in the physical presence of the new employee, their original documents and then completing and signing Section 2 of the USCIS Employment Eligibility Verification Form I-9. A Harvard I-9 Administrator will up a video conference with the Authorized Representative and employee to assist with the process, view and confirm the appropriate documents have been presented and the form has been completed accurately. 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 the employee has fully completed, signed, and dated Section 1 of the I-9.
2. If the authorized representative or another individual assists the employee in completing Section 1 for the Form I-9, complete Supplement A.”
3. 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.
4. In the appropriate spaces provided under List A or List B and List C, please record the document title, issuing authority, document number (if any), and expiration date (if any). Note: There are many different visa classifications used at Harvard to accommodate our international population. While the I-94 shows work authorization, the Authorized Representative must collect **additional documentation** (I-797, I-20, or DS-2019) to show eligibility to work at Harvard. Consult the “[Acceptable Documents](#)” section of the Form I-9 Instructions.
5. DO NOT check the box indicating alternative procedure authorized by DHS to examine documents.
6. Enter the first day of employment (the date the employee began or will begin work for pay).
7. Enter your Last Name, First Name, and your Title as “Authorized Representative”.
8. Enter the date you completed Section 2.
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

|                                    |   |
|------------------------------------|---|
| <b>Contact Name:</b>               | <b>Contact Title:</b>                       |
| <b>Contact Phone Number:</b>       | <b>Contact Email Address:</b>               |
| <b>Business Address (for I-9):</b> | <b>Business City, State, Zip (for I-9):</b> |



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)   | Other Last Names Used (if any) |   |
| Address (Street Number and Name)   |   |                         | Apt. Number (if any)       | City or Town              |                                | State<br>ZIP Code                               |
| Date of Birth (mm/dd/yyyy)   | U.S. Social Security Number   |                         | Employee's Email Address   |                           | Employee's Telephone Number    |   |
| <p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p> | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                         |                            |                           |                                |   |
|  | <input type="checkbox"/> 1. A citizen of the United States  |                         |                            |                           |                                |   |
|  | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                         |                            |                           |                                |   |
|  | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                         |                            |                           |                                |   |
| <input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)  |   |                         |                            |                           |                                |   |
| If you check <b>Item Number 4.</b> , enter one of these:   |   |                         |                            |                           |                                |   |
| USCIS A-Number   |   | OR                      | Form I-94 Admission Number |                           | OR                             | Foreign Passport Number and Country of Issuance |
| Signature of Employee  |   |                         |                            | Today's Date (mm/dd/yyyy) |                                |   |

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

|                                  | List A  | OR | List B | AND | List C |
|----------------------------------|---|----|--------|-----|--------|
| <b>Document Title 1</b>          |   |    |        |     |        |
| Issuing Authority                |   |    |        |     |        |
| Document Number (if any)         |   |    |        |     |        |
| Expiration Date (if any)         |   |    |        |     |        |
| <b>Document Title 2 (if any)</b> | <b>Additional Information</b>   |    |        |     |        |
| Issuing Authority                | Check here if you used an alternative procedure authorized by DHS to examine documents. |    |        |     |        |
| Document Number (if any)         |   |    |        |     |        |
| Expiration Date (if any)         |   |    |        |     |        |
| <b>Document Title 3 (if any)</b> |   |    |        |     |        |
| Issuing Authority                |   |    |        |     |        |
| Document Number (if any)         |   |    |        |     |        |
| Expiration Date (if any)         |   |    |        |     |        |

|   |  |  |
|---|--|--|
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. |  | First Day of Employment (mm/dd/yyyy):                                      |
| Last Name, First Name and Title of Employer or Authorized Representative  |  | Signature of Employer or Authorized Representative                         |
|   |  | Today's Date (mm/dd/yyyy)  |
| Employer's Business or Organization Name  |  | Employer's Business or Organization Address, City or Town, State, ZIP Code |

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization   |
|---|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> | OR | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |   |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>   |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.