

Form I-9 (Employment Eligibility Verification) Remote Hire Processing

Remote Hire Instructions - Please read in full and provide these to the Authorized Representative who will be assisting you in completion of the Form I-9.

Remote Form I-9 processing is for employees who will be working from a remote location (*will not be physically working on a UWF campus*) and/or who are unable to come to a UWF campus location to complete their I-9 and have their documents verified.

The U.S. Citizenship and Immigration Services (USCIS) requires that:

- **employees** complete Section 1 of the Form I-9, Employment Eligibility Verification, to establish identity and employment eligibility **on or before their date of hire**, and,
- the **employer's Authorized Representative** verifies the new hire's documents **no later than three business days from the date of hire**.

The UWF HR Processing and Records Team will provide to the new hire:

- link to the Form I-9;
- link to USCIS Form I-9 instructions; and
- details on how to return the new hire documents prior to the proposed start date.

UWF HR Processing and Records Team contact information:

- Nicole Zmary, nzmary@uwf.edu, 850-474-2608
- Sheri Jernigan, sjernigan@uwf.edu, 850-474-2884

Remote Hire - Form I-9 Employee Instructions

New hires are required to complete Section 1 of their Form I-9 **on or before their date of hire** and have their documents (proving identity and work authorization) verified by a UWF authorized representative **no later than three (3) business days from the date of hire**.

If you are near a UWF campus, you must visit our campus to complete your Form I-9 and have your documents verified by a UWF representative in Human Resources.

If you are not near one of our locations, you may visit one of our Reciprocal Processing Institutions to complete your Form I-9 and have your documents verified. A UWF HR Processing and Records team member will provide the nearest reciprocal location(s) so you can schedule an appointment with their I-9 representative.

If there are no reciprocal institutions in your area, you may contact a notary public to complete the employer's section (Section 2) of the Form I-9 on our behalf. The notary **should not notarize or place their seal** on the document since we are only allowing them to act as our Authorized Representative by verifying your documents. If the notary has questions, ask them to call one of the UWF HR Processing and Records Team Members listed above for assistance.

1. Refer to your email regarding "UWF New Hire Paperwork" and use the link to access the Form I-9.
2. Review the Instructions and List of Acceptable Documents.
3. Complete Section 1 of the form. Please note that this section has specific requirements per USCIS and all Employee Information fields must be completed in full.
 - a. If a field does not apply to you (i.e., Middle Initial, Other Last Names Used and Apt. Number) or you choose not to supply an optional field (i.e., E-mail Address and Telephone Number), enter N/A in those fields. See the instructions for additional information.
 - b. Use your **legal name** as listed on your social security card.

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- c. The social security field is a required field since UWF participates in E-Verify.
4. Check the appropriate box indicating your citizenship/immigration status and complete other required information for that status, if applicable.
5. Make sure you sign and date the form with the current date.
6. The employee must verify whether a Preparer and/or Translator assisted them in filling out the form by checking the appropriate box in the section under the signature field.
7. It is imperative that these instructions are followed as directed. Failure to do so may affect your eligibility for employment at UWF.
8. Choose which documents you will present to the Authorized Representative for verification of your identify and employment authorization. Note: **One** document from **List A** or one document from *each* **List B and List C** must be provided. List B documents must contain a photograph. since UWF participates in E-Verify. All documents must be **originals and unexpired**.

Remote Hire - Form I-9 Authorized Representative Instructions

1. If not already populated, fill in the employee's Last Name, First Name, M.I. and corresponding number from Page 1/Section 1 for their Citizenship/Immigration Status.
2. Review the Section 1 information and ensure all fields are completed, the information appears to be accurate, and that the form was signed and dated with the current date/year.
3. Ensure that any corrections are lined through, initialed and dated and that no information is obliterated (blacked-out or whited-out).
4. Section 2 must be completed and signed no later than **three (3) business days from the date of hire**.
5. The Authorized Representative must physically examine **one** document from **List A** or a combination of one document from each List B and List C from the List of Acceptable Documents. The employee chooses which documents to supply and must be present when the documents are verified. The Authorized Representative must never request specific documents. All documents presented must be original and unexpired. Photocopies cannot be verified.
6. The Authorized Representative should complete the Document Title, Issuing Authority, Document Number and Expiration Date for the List A or List B and List C documents that were provided. Do not accept more documents than are required. In other words, do not fill out all three (List A, B and C) sections.
7. Photocopies of the documents used for verification must be attached to the Form I-9.
8. List B documents must contain a photo because UWF is a participant in E-Verify.
9. Receipts for Social Security card applications are acceptable for temporary work authorization; however, the employee must bring the original signed Social Security card to the Human Resources for verification and Form I-9 update as soon as received.
10. Restricted Social Security cards (cards which say "NOT VALID FOR EMPLOYMENT" or "VALID FOR WORK ONLY WITH DHS OR INS AUTHORIZATION" are not acceptable List C documents and must be rejected. Ask the employee to provide different documentation from List A or List C acceptable documents.
11. Information on the accepted documents must not conflict with the information given in Section 1 (i.e., citizenship status). For example, a person who declares they are a U.S. citizen cannot supply a Permanent Resident Card as their List A document.
12. Certification Section - Authorized Representative should:
 - a. Sign
 - b. Date the form with the current date
 - c. Print "Authorized Representative" in the Title Field
 - d. Print your Last Name and First Name
 - e. Leave the Employer's Business name and address fields blank. We will add UWF's information.
 - f. Leave Section 3 blank. This is for our office use.
 - g. Attach a business card or a separate sheet of paper with your (our Authorization Representative) contact information, to include: name, title, business name, business address, email, and phone number.

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Form I-9 Page 2 - Completion Details



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
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

<p>Document Title If using a List A Document then only this section is to be filled out. The List B and the List C will remain blank.</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date (if any) (mm/dd/yyyy)</p> <p>Document Title</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date (if any) (mm/dd/yyyy)</p> <p>Document Title</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date (if any) (mm/dd/yyyy)</p>	<p>Document Title If using a List B AND a List C document then these two sections should be filled out in full and List A will remain blank. Do not complete all 3 document types.</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date (if any) (mm/dd/yyyy)</p> <p>Document Title</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date (if any) (mm/dd/yyyy)</p>	<p>Document Title If using a List B AND a List C document then these two sections should be filled out in full and List A will remain blank. Do not complete all 3 document types.</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date (if any) (mm/dd/yyyy)</p>
<p>Additional Information</p> <p>Notary/Authorized Rep should include either a business card with the I-9 or provide their name, address, phone #, and email address on a separate sheet of paper.</p>		<p align="center">QR Code - Sections 2 & 3 Do Not Write In This Space</p>

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): Leave Blank (See instructions for exemptions)

Signature of Employer or Authorized Representative Notary/Authorized Rep's Signature	Today's Date (mm/dd/yyyy) Date Signed	Title of Employer or Authorized Representative Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name University of West Florida
Employer's Business or Organization Address (Street Number and Name) 11000 University Parkway	City or Town Pensacola	State FL
		ZIP Code 32514

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)	

DO NOT USE THIS AREA

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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