

University of Cincinnati



Vice President  
for Finance and Treasurer

300C Administration Building  
Mail Location 620  
Cincinnati, Ohio 45221-0620  
Phone (513) 475-2413 or 2414

February 13, 1989

ADMINISTRATIVE MEMORANDUM #100 -  
Revised and Reissued February, 1989

TO: All Administrative Unit Heads  
FROM: Dale L. McGirr *Dale L. McGirr*  
RE: The Immigration Reform and Control Act of 1986

The Immigration Control and Reform Act of 1986 was signed into law by President Reagan on November 6, 1986. As a result of the enactment of this legislation, it is illegal to knowingly hire or employ illegal aliens, and employers are required to fulfill certain newly-established obligations when hiring employees. These responsibilities include the examination and verification of certain specified documents in the possession of the candidate prior to an employment offer being made to the individual.

Together with other universities, hospitals, and institutions throughout the country, the University of Cincinnati is required to implement the provisions of this law for all new hires (including faculty, administrators, staff, student helpers, etc.). Effective June 1, 1987, compliance with the law requires that every candidate not already employed by UC who is selected to fill a position be required to submit proof both of identity as well as of employment eligibility before a job offer can be made. The attached listing of applicable documents can be utilized to reference those methods by which identity and employment eligibility can be legally verified.

The Form I-9 (see attached) must be completed by the candidate and certified by the hiring department or University Personnel, as appropriate, prior to the extension of an employment offer. Form I-9 must be submitted with the initial Personnel Action Form (PAF-I) appointing the selected candidate to the open position. Note that for employees who have a work authorization expiration date, each department is required to

submit a new Form I-9 to Personnel Records before the work authorization date expires.

University Personnel is responsible for collecting the necessary information from classified unrepresented, AFSCME, IUOE, and SEIU/925 job candidates. Hiring departments are responsible for gathering the data from selected candidates for faculty, unclassified, and student appointments. The attached copy of the I-9 Form may be duplicated as needed.

The institution is subject to the imposition of financial penalties for noncompliance with this law. Therefore, it is important that this information be shared with any others in your area who are responsible for hiring. Questions may be directed to Tom Adkins, Director of Employment Services at 556-6945 or Najiyah Cunningham, Director of Personnel Records at 556-6603.

DLM/gj

Attachments: I-9 Form  
Eligibility Lists A, B, & C

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

**1 EMPLOYEE INFORMATION AND VERIFICATION:** (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
-----------	-----------------------

**PREPARER, TRANSLATOR CERTIFICATION** (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

**2 EMPLOYER REVIEW AND VERIFICATION:** (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

## Employment Eligibility Verification

**NOTICE:** Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

### Section 1. Instructions to Employee/Preparer for completing this form

#### *Instructions for the employee.*

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

#### *Instructions for the preparer of the form, if not the employee.*

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

### Section 2. Instructions to Employer for completing this form

(For the purpose of completion of this form, the term "employer" applies to employers and those who recruit or refer for a fee.)

Employers must complete this section by examining evidence of identity and employment eligibility, and:

- checking the appropriate box in List A or boxes in both Lists B and C;
- recording the document identification number and expiration date (if any);
- recording the type of form if not specifically identified in the list;
- signing the certification section.

**NOTE:** Employers are responsible for re-verifying employment eligibility of employees whose employment eligibility documents carry an expiration date.

Copies of documentation presented by an individual for the purpose of establishing identity and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and no other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Name changes of employees which occur after preparation of this form should be recorded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Employers should not attempt to delete or erase the old name in any fashion.

#### **RETENTION OF RECORDS.**

The completed form must be retained by the employer for:

- three years after the date of hiring; or
- one year after the date the employment is terminated, whichever is later.

Employers may photocopy or reprint this form as necessary.



