

NKU Reciprocal Form I-9 Request

Thank you for your cooperation in assisting Northern Kentucky University and completing the Form I-9 on our behalf for our future employee. Here are the instructions for completing the Form I-9:

1. Direct the employee to complete all parts of Section 1 of the most recent version of the Form I-9 according to the instructions. For any blank boxes in Section 1, please have the employee write "N/A." Please also ensure that the employee answers the question in the grey box towards the bottom of the page titled "Preparer and/or Translator Certification." Attached is a copy and also, here is a link to the USCIS website where you can find the Form I-9 and instructions: <https://www.uscis.gov/i-9>.

2. Please review the original and unexpired documents that the employee presents and complete Section 2 of the Form I-9. Here is a link to the List of Acceptable Documents for your reference: <https://www.uscis.gov/i-9-central/acceptable-documents>. For help with recording the documents, please refer to the instructions found on the following link: <https://www.uscis.gov/i-9>.

3. Complete the top of Section 2 by indicating the employee's name and indicating a number for the "citizenship/immigration status" field. The number should correspond to the number chosen by the employee in Section 1.

Certify the bottom of Section 2 by indicating the following:

- ***Note: Please do not complete field titled "Employee's first day of employment"**

- Signature of employer or authorized representative
- Today's Date: Date the form was completed
- Title of Employer: Your title
- Last Name
- First Name
- Employer's Business or Organization Name: Northern Kentucky University
- Address: Nunn Drive
- City: Highland Heights
- State: KY
- Zip Code: 41099

4. Make photocopies of the employee's documents presented to you for Section 2

5. Complete the Remote I-9 Authorization Form

6. Give all items to the employee and the employee will mail all items to the below address:

Northern Kentucky University - Human Resources
AC 708 Nunn Drive
Highland Heights, KY 41099
Attn: I9 Processing

If you have any questions about the process, please call (859) 572-5200 or email nkuhr@nku.edu.



Remote I-9 Authorization Form

HUMAN RESOURCES

Human Resources | AC 708 Nunn Drive | Highland Heights, KY 41099 | 859-572-5200 (P) 859-572-6998 (F)

Remote I-9 Authorization Form

This form is to be completed by the person serving as an authorized representative of Northern Kentucky University. In addition to completing the Form I-9, please also complete, sign, and date this form.

According to federal law, all US employers must ensure each new employee hired, after 1986, in the US completes a Form I-9 within 3 days of hire. In order to comply with Federal law, Northern Kentucky University must ensure that the authorized representative reviews the documents in person and completes records on section 2 of the Form I-9.

Complete and verify I-9: Refer to I-9 instructions for detailed instructions.

- Review Form I-9 Section 1: Employee Information and Attestation to ensure appropriate sections have been completed.
- Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and relate to the person presenting it. A list of acceptable documents has been provided to the employee. **Note:** Employers or authorized representative cannot specify which documents the employee must present.
- Complete Section 2 including Certification: by recording document title shown on list of acceptable documents, issuing authority, documents number and expiration date (if any) from the original document(s) the employee presents. Sign and date certification section. Write N/A on any unused fields. Refer to I-9 instructions for more information.

EMPLOYEE INFORMATION

Last Name:

First Name:

Authorized Representative Signature

By signing below I understand that I am acting as an authorized representative of Northern Kentucky University for the sole purpose of completing the I-9 Form.

Print Name:

Signature:

Date:

Institution Name:

NORTHERN KENTUCKY UNIVERSITY

HUMAN RESOURCES INFORMATION ONLY

Employee ID:



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>
<p>QR Code - Section 1 Do Not Write In This Space</p>

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



Employer Completes Next Page





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
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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
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 NORTHERN KENTUCKY UNIVERSITY	
Employer's Business or Organization Address (Street Number and Name) 100 NUNN DRIVE		City or Town HIGHLAND HEIGHTS		State KY	ZIP Code 41099

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 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.