INTERNAL I-9 AUDIT FOR HUMAN RESOURCES

By Capitol Immigration Law Group



Issues to be Covered in Today's Webinar

- I-9 Primer and Recent Changes
- Possible Outcomes of Self I-9 Audit
- The Most Common Mistakes in Completing Form I-9 and Corrections
- Developing an Effective I-9 Compliance Program In-house

I-9 Primer - Who, What, When?

- All employers must complete and retain Forms I-9 for every person they hire for employment on or after Nov. 6, 1986, in the U.S. as long as the person works for pay or other type of compensation.
- **Storage**. Form I-9 MUST be on file for all current employees. Store Forms I-9 securely in a way that meets your business needs on site, off-site, or electronically.
- **Retention**. Forms I-9 must be stored for 3 years after the date you hire an employee OR 1 year after the date you or the employee terminates employment, whichever is later.

Revised I-9 – What Has Changed?

OMB No. 1615-0047; Expires 08/31/12

<u> </u>	Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services				USCIS Form I-9 OMB No. 1615-00 Expires 03/31/200	
ESTART HERE. Read in ANTI-DISCRIMINATION N expiration date may also co	OTICE: It is liegal onstitute liegal discr	to discriminate again. The return to his rimination.	inst work-authorized ind	Viduals, Employe	rs CANNO	T specify which
Section 1. Employee than the first day of employee	Noyment, but not b	efore accepting a)	ob offer.)			
Last Name (Family Name)		First Name (Given Na	me) Midde	Initial Other Nam	es Used (If	any)
Address (Street Number and	I Name)	Apt. Number	City or Town		State	Zip Code
Date of Birth (most@dyyyy)	U.S. Social Security	Number E-mail Add	Press			one Number
i am aware that federal is connection with the com i attest, under penalty of A citizen of the United A noncitizen national of	spietion of this for perjury, that I am I States of the United States	m. (oheok one of the (See Instructions)	following):	ments or use of	false doo	uments in
A lawful permanent re An alien authorized to wo (Dee instructions) For aliens authorized to	ork until (expiration d	ate, if applicable, mm	(dd)yyy)	_		e "NA" in this field.
2. Form I-94 Admission	OR in Number: r admission number		ection with your arrival	in the United	Do No	3-D Barcode t Write in This Spac
Foreign Passport	Number:					
Country of Issuer	nce:			-		
Some allens may w	rite "N/A" on the Fo	oreign Passport Nu	mber and Country of Is	suance fields. (3	ee Instruct	tions)
Signature of Employee:				Date (ru	v(835yyyy):	
Preparer and/or Trans employee.)	alator Certification	M (To be complete	ed and signed if Section	n 1 is prepared by	y a person	other than the
l affect, under penalty of information is true and o	perjury, that I have correct.	e assisted in the	completion of this for	m and that to th	e best of	my knowledge th
Sonature of Preparer or Tran	wiator				Date (m	m/ddyyyy):
ogradie of repaid of the						
Last Name (Family Name)			Ent Nan	ne (Given Name)		
	Name)		First Nan City or Town	ne (Given Name)	State	Zip Code

U.S. Citizenship and Immigration Services				Form I-9, Employmer Eligibility Verificatio	
Read instructions carefully before completing	this form. The in	structions must be a	vailable during	completion of this form.	
ANTI-DISCRIMINATION NOTICE: It is specify which document(s) they will accept future expiration date may also constitute	is illegal to discr t from an emplo illegal discrimi	riminate against wo byee. The refusal t nation.	ork-authorized o hire an indiv	individuals. Employers CANNOT idual because the documents have	
Section 1. Employee Information and Ver	ification (To be	completed and sign	ed by employee	at the time employment begins.)	
Print Name: Last	First		Middle Initial	Maiden Name	
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)	
City	State		Zip Code	Social Security #	
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.		A citizen of A noncitizer A lawful per	I attest, under penalty of perjuny, that I am (check one of the following): A chinese of the United State A noncinizes national of the United States (see instructions) A lawful permanent resident (Alien #9 An also authorized to work (Alien #9 An also authorized to work (Alien #9		
		until (expira	tion date, if applica	ble - month/day/year)	
Employee's Signature		Date (month/da)	//year)		
Preparer and/or Translator Certification	(To be completed and	d signed if Section 1 is p	repared by a person	other than the employee.) I attest, under	
penalty of perjury, that I have assisted in the completion	of this form and tha	at to the best of my know	ledge the information	on is true and correct.	
Preparer's/Translator's Signature		Print Name			
examine one document from List B and one; expiration date, if any, of the document(s).)	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
examine one deciment from List B and one expiration date, if any, of the document(s).) List A	ion (To be comp from List C, as li	leted and signed by stod on the reverse List B	employer. Exar of this form, an	nine one document from List A OR droccerd the title, number, and	
examine one decriment from List B and one j expiration date, if any, of the document(s).) List A	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
examine one deciment from List B and one expiration date, if any, of the document(s).) List A Document title:	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
examine one obsciment from List B and one jexpiration date, if any, of the document(s).) List A Document title: Issuing authority:	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
examine one document from List B and one perpiration date, if any, of the document(s).) List A Document title: Issuing authority:	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
exemine one document from Litt B and one; expiration date, if any, of the document(s).) List A Document tale: Listing authority: Document #: Expiration Date (if any):	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
exemine one document from Litt B and one; expiration date, if any, of the document(s).) List A Document tale: Listing authority: Document #: Expiration Date (if any):	from List C, as li.	sted on the reverse	of this form, an	d rocord the title, number, and	
Document title Stoning authority: Document #: Esquintion Date (if any): Decument #: Esquintion Date (if any): CERTIFICATION: I attent, under penalty of the above-littled document(s) appear to be gen (muntuhity) year) and that to employment agencies may omit fed atte the en	OR OR Derjury, that I have the best of my have the best of my ha	List B ve examined the doct to the employee nan onledge the employee nan onledge the employment.)	AND Ament(s) presented, that the empty.	List C List C List C List C List C List C	
ecomming one document from List B and one; List A Document tils Expiration date, List A Document tils Expiration Date (if any): Document tils Expiration Date (if any): EXPIRITE AT (DN: Latter, under penalty of the above-listed document() appear to be gain constitutive years.	OR OR Derjury, that I havine and to relate the best of my kn	List B ve examined the doct to the employee nan onledge the employee nan onledge the employment.)	AND Ament(s) presented, that the empty.	List C List C	
ecombine one deciment/from List B and one; expiration date, if any, of the document(s).) List A Document tile Issuing authority: Document * Esquintion Date (if any): Document * Esquintion Date (if any): Document & Esquintion Date (if any): and that to be gen inventionally year) and that to manyloy year) and that to manyloy year and that deat the en Sugnature of Employer or Authorized Representative	OR	List B ve examined the doct to the employee nar working the comployee nar	AND Ament(s) presented, that the empty.	List C List C List C List C List C	
econsines one decisions of your List B and one; expiration date, if any, of the document(s).) List A Document tile Issuing authority: Document # Expiration Date (if any): Document # Expiration Date (if any): Document # Expiration Date (if any): employment agencies may omit the date the en Signature of Employer or Authorized Representative Butters or Organization Name and Address (Sover No	OR OR Derjury, that I have a many that I have a many to relate the best of my has phoyee began em Print Name and Number, Cir.	List B ve examined the doct to the employee nan onledge the employe ployment.)	AND AND ament(s) presented, that the emprese is authorized to	List C List C List C List C	
econsists one document from List B and one; supritation date, d'my, of the document(s).) List A Document tile Listing authority. Document Esquiation Date (if my): Esquiation Date (if my): CERTIFICATION: I attest, under penalty of the above-listed document(s) appear to be gent my	OR OR Derjury, that I have a many that I have a many to relate the best of my has phoyee began em Print Name and Number, Cir.	List B ve examined the doct to the employee nan onledge the employe ployment.)	AND AND iment(s) presented, that the empress is authorized to	List C List C List C List C List C	
excensions one efections of from List B and one; capitation date, if any, of the document(s).) List A Document tile Issuing authority: Document = Espiration Date (if any): Document = Espiration Date (if any): Document = Espiration Date (if any): and the second comment(s) appear to be gent incombolity (year) and that to employment agracies may omit the date the en	OR OR Derjury, that I has aime and to relate the best of my has played began em Print Name Print Name and Number. Cro to be completed a	List B ve examined the doct to the employee nan employee nan employee nan employee nan example, so some Zip Code!	AND ament(s) presented, that the empt is authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorized the authorized to authorize the authorized the authorized to authorize the authorized the authorized to authorized the authorized th	List C List C	
ecommins one discussors from List B and one; supritation date, [arm., of the document(s).) List A Document the Louing authority. Document # Expiration Date (if ony): Document # Expiration Date (if ony): CERTIFICATION: I attest, under penalty of the above-listed document(s) appear to be gent expirations. The complexity of the above-listed document(s) appear to be gent on the complexity of the above-listed document(s) appear to be gent	OR OR In the last of the las	List B ve examined the doct to the employee nan employee nan employee nan employee nan example, so some Zip Code!	AND ament(s) presented, that the empt is authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorize the authorized to authorized to authorize the authorized to authorize the authorized to authorized the authorized to authorize the authorized the authorized to authorize the authorized the authorized to authorized the authorized th	List C List C	
ecommins one document from List B and one; expiration date, [am., of the document(s).) List A Document the Listing authority Document # Esquisation Date (if am): Esquisation of Date (if am): Esquisation of Date (if am): Section 3. Updating and Reverification (I A. New Name (if applicable) C. Hemployee's previous gant of work subnivisation in	OR OR Detury, that I has aline and to relate the test of my, but a line and to relate the test of my, but a line my	List B ve examined the docto to the employee narrownelds; the employee is sufficiently to the employee in authorized employee is authorized.	AND AND Imment(s) presented, that the empter is authorized to authorized to the document that to work in the Uto work in the	List C List C	
econsines one deciment/feron List B and one; expiration date, [am., of the document(s).) List A Document the Louing authority Document # Espiration Date (if any): Espiration of Employee a Authorized Agreementative Espiration of Employee (if any): Section 3. Updating and Reverification (I A. New Yama (if applicable)) C. Hemployee's previous grant of work authorization hocument Title. Lattest, under panity of perjury, that to the best of	OR OR Detury, that I has aline and to relate the test of my, but a line and to relate the test of my, but a line my	List B ve examined the docto to the employee narrownelds; the employee is sufficiently to the employee in authorized employee is authorized.	AND AND Imment(s) presented, that the empter is authorized to authorized to the document that to work in the Uto work in the	List C List C	

	zed Representative Review a	
must physically examine one document from I	List A OR examine a combination of one d	I business days of the employee's first day of employment. Yo locument from List B and one document from List C as listed o
the "Lists of Acceptable Documents" on the re issuing authority, document number, and expi	ext page of this form. For each document y	you review, record the following information: document title,
Employee Last Name, First Name and Mid:		
List A Identity and Employment Authorization	OR List B	AND List C Employment Authorization
Occument Title:	Document Title:	Document Title:
ssuing Authority:	Issuing Authority:	Issuing Authority:
Occument Number:	Document Number:	Document Number:
expiration Date (if any)(mm/dd/yyyy):	Expiration Date (Fany)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
locument Title:		
ssuing Authority:	1	
Document Number:	1	
Expiration Date (Fany)(Involts/yyyy):	1	3-D Barcode
Occurrent Title:		Do Not Write in This Space
wuing Authority:	1	
Occument Number:	1	
	⊣ I	
Expiration Date (if any)(innvitid/yyyy):	II .	
Certification	1) I have examined the decumential	presented by the above-named employes, (2) the
Certification officet, under pencity of perjury, that it bove-listed document(s) appear to be	genuine and to relate to the emplo	yee named, and (3) to the best of my knowledge the
Certification attest, under penalty of pedury, that (bove-listed document(s) appear to be imployee is authorized to work in the in the employee's first day of employme	genuine and to relate to the emplo United States. nt (mm/dd/yyyy):) presented by the above-named employee, (2) the yee named, and (3) to the best of my knowledge the (See Instructions for exemptions.)
Certification attest, under penalty of pedury, that (bove-listed document(s) appear to be imployee is authorized to work in the in the employee's first day of employme	genuine and to relate to the emplo United States. nt (mm/dd/yyyy):	yee named, and (3) to the best of my knowledge the
Certification attest, under penalty of pegury, that (genuine and to relate to the emplo united states. Int (mm/dd/yyyy): Date (mm/dd/yyyy)	yee named, and (3) to the best of my knowledge the (See Instructions for exemptions.)
Certification aftest, under penalty of perjury, that (aftest, under penalty of perjury, that (aftest) amployee is authorized to work in the (in the employee's first day of employme signature of Employer or Authorized Representations	genuine and to relate to the emplo united States, nt (mm/sd/)yyyy): ntative	yee named, and (3) to the best of my knowledge the [See Instructions for exemptions.] Title of Employer or Authorized Representative Employer's Business or Organization Name
Certification attest, under penalty of perjury, that is above-listed documents; appear to be implicives is authorized to work in the 1 the employee's first day of employme tignature of Employer or Authorized Representant Last Name (Family Name)	genuine and to relate to the emplo united States, nt (mm/sd/)yyyy): ntative	yee named, and (3) to the best of my knowledge the [See Instructions for exemptions.] Title of Employer or Authorized Representative Employer's Business or Organization Name
Dettification Helication Hel	genuine and to relate to the emplo United States. nt (mm/dd/yyyy): First Name (Given Name) (Street Namber and Name) City or Town	yee named, and (3) to the best of my knowledge the (See Instructions for enemptions). The of Employeer or Authorized Representative Employer's Business or Organization Name Table Table Table Table Table Table Table
Dettification Helication Hel	genuine and to relate to the emplo United states. nf (mm/dd/yyyy): Intalive Date (mm/dd/yyyy): First Name (Gliven Name) (Stimet Namber and Name) City or Town chitres: (To be completed and signer chitres: (To be completed and signer	yee named, and (3) to the best of my knowledge th [See Instructions for exemptions.] Title of Employer or Authorized Representative Employer's Business or Organization Name State Zip Code
Certification steast, under panelty of popury, that it bown-listed commenties appear to be problemented to comment appear to be problemented to work in the in the employee's list flag of employment stages and the employee's list flag of employment stages from the employee's and another stages and Name (Family Name) foreigness or Organization Address Section 3. Reverification and R. New Name of registration (Last Name (Family Last Name (Fam	genuine and to relate to the emploinment states. In (minidal sypty): Date (invokabyyyy): Frish Name (libren Name) (Street Names and Name) Color of Town Color Names and Name) And Name (libren Names) Color Names (libren Names) And Names (libren Names) And Names (libren Names) And Names (libren Names) And Names (libren Names)	yee named, and till to the best of my knowledge the (See Instructions for exemptions). [See Instructions for exemptions] [See Instructions for exemptions of See Instruction Services of Organization have See Instruction Se
Certification attest, under parality of picylary, that is box-sitisfed document(is appear to be imployee is authorized to work in the it has employee facility of employee and the employee's first day of employees and Names (Family Name) and Name (Family Name) crystyve's Business or Organization Address Section 3. Reverification and R. Naw Name (Family Name)	genuine and to relate to the emploinment states. In (minidal sypty): Date (invokabyyyy): Frish Name (libren Name) (Street Names and Name) Color of Town Color Names and Name) And Name (libren Names) Color Names (libren Names) And Names (libren Names) And Names (libren Names) And Names (libren Names) And Names (libren Names)	yee named, and till to the best of my knowledge the (See Instructions for exemptions). [See Instructions for exemptions] [See Instructions for exemptions of See Instruction Services of Organization have See Instruction Se

Form I-9 03/08/13 N Page 8

ICE Sends Strong Message to Employers

- Criminal prosecution of egregious violators
- More than \$87.9 million in financial sanctions
- 726 companies debarred
- Investigations in numbers:
 - · 2007 250
 - · 2008 503
 - 2009 1,444, Fines \$1 million
 - 2010 2,000
 - 2011 2,496
 - 2012 3,000, Fines \$13 million

Why to Conduct Internal Self I-9 Audit?

- Sense check to limit liability, once a year
- Merger or acquisition
- A non-immigration related investigation by federal or state agencies, such IRS
- Mandatory or voluntary E-Verify implementation
- Voluntary audit in preparation for turning I-9 Forms over to ICE for a mandatory audit

Before You Start - Possible Outcomes of Self I-9 Audit:

- I-9 Forms Contain Errors and HR Will Have to Request Assistance and/or Documents from Employees to Make Corrections
- Fraudulent I-9 Documents Are Identified During the I-9 Audit
- Undocumented Employees Are Identified During the I-9 Audit
- Individuals File Complaints with the DOJ Office of Special Counsel

STEP I – Gather Documents for I-9 Audit

- Gather list of all current and terminated employees
- Organize completed I-9 forms.
 Separate the I-9s for current employees and former employees by I-9 version
- Company manual/guide
- Chart of acceptable documents, for each version of I-9 form

STEP II - Assess Whether There Are any Systematic Problems with the I-9s

- Analyze whether there are any root causes (e.g., need for: training on how to complete an I-9, completing I-9s on the first day of work, tracking expiration dates of work authorization documents, storing I-9s for proper length of time, etc.)
- Discuss outcome of the audit and analysis with management

STEP III - Address and Resolve Problems Uncovered

- Develop Action Plans
- Follow up on Action Plan progress
- Discuss Action Plan progress with company management
- If the audit reveals that disciplinary action should be taken against any individuals hired by the company, discuss the situation with your management or your legal counsel before taking action

Be Sensitive to Employee Morale and Concerns in Your Company

- Stay in tune with the employee concerns and morale within your company.
- If appropriate, communicate to your employees your company's philosophy:
 - The Company is fully committed to its nondiscrimination policy – including its policy that it will not tolerate discrimination on the basis of a person's national origin;
 - The Company remains committed to diversity it will continue to hire, train and promote a diverse workforce;
 - The law requires the Company to have every employee complete a Form I-9 to demonstrate that he/she is eligible to work in the United States – the Company is committed to and must follow the law.

Form I - 9, Section 1 - Employee Completes



Employment Eligibility Verification

USCIS Form I-9

Department of Homeland Security

OMB No. 1615-0047 Expires 03/31/2016

U.S. Citizenship and Immigration Services

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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 Nam	e) Middle	Initial Other Names Used (fany)
	Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code
	Date of Birth (mm/dd/yyyy) U.S. Social Secu	rity Number E-mail Addre	SS	Telep	hone Number

Section I – Employee Completes

l am aware that federal law provides for imprisonment and/or fines for false stater connection with the completion of this form.	ments or use of false documents in
attest, under penalty of perjury, that I am (check one of the following):	4
A citizen of the United States	OTION
A noncitizen national of the United States (See instructions)	
A lawful permanent resident (Alien Registration Number/USCIS Number):	
An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)(See instructions)	. Some aliens may write "N/A" in this field.
For aliens authorized to work, provide your Alien Registration Number/USCIS Number	ber OR Form I-94 Admission Number:
1. Alien Registration Number/USCIS Number:	3-D Barcode
OR	Do Not Write in This Space
2. Form I-94 Admission Number:	
If you received your Form I-94 when traveling to the United States, include the following	ollowing:
Foreign Passport Number:	
Country of Issuance:	•
Some aliens may write "N/A" on the Foreign Passport Number and Country of Iss	suance fields. (See instructions)

Section 1 - Most Common Mistakes

Issue

- Employee's name not printed on the Form I-9
- No check mark indicating whether employee attests to being a United States Citizen, Lawful Permanent Resident or alien authorized to work
- No A number next to the phrase, "A Lawful Permanent Resident" where A number is not in sections 2 or 3 of the Form I-9 (or on a legible copy of a document retained with the Form I-9 and presented at the I-9 inspection)
- No Alien or Admission number next to the phrase, "An alien authorized to work until" where Alien or Admission number is not provided in sections 2 or 3 of the Form I-9 (or on a legible copy of a document retained with the Form I-9 and presented at the I-9
- No employee signature
- Failure to ensure that the individual dates Section 1 of the Form I-9 at the time employment begins

Required Action

- Have employee make correction
- Have employee sign document
- Have employee sign document and in margin indicate the current date of signature

Form I-9, Section 2 – Employer Completes

List B

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

AND

List C

Employee Last Name, First Name and Middle Initial from Section 1:

I ist A

Identity and Employment Authorization	Identity	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:		
Issuing Authority:	1	
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):	Produ	3-D Barcode
Document Title:	LIUULU	Do Not Write in This Space
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		

Section 2 - Most Common Mistakes

Issue

- Improper List A, B or C documents reviewed or verified
- No document title; identification number; or expiration date of a List A, B or C document and a legible copy of document(s) is not retained with the Form I-9 and presented at the I-9 inspection
- Failure to provide the date employment begins in the attestation
- Failure to sign the attestation in Section 2
- Failure on the part of the employer of authorized representative to print their name in the attestation portion of Section 2
- Failure to date Section 2 of the Form I-9
- Failure to date Section 2 of the Form I-9 within three business days of hire or if the employee is hired for three business days or less, at the time employment begins
- Failure to recertify and complete within 90 days the pertinent Section 2 information for verification with a receipt for lost or stolen documents

Required Action

- Employer representative should ask employee to present acceptable document for new review
- Employer representative should complete missing information
- Employer representative should complete missing information
- Employer representative should complete missing information and indicate current date
- Employer representative should complete missing information
- Employer representative should complete missing information and indicate current date
- No correction possible. Note to avoid future violations.
- No correction possible. Note to avoid future violations.

Over Documentation Equals Discrimination

Issue

Required Action

 Over Documentation (inspecting more than one document from List A OR one document from List B and List C)

 No correction possible. Note to avoid future violations.

Correcting I-9 Forms

- All corrections should be initialed and dated as of the date of the correction. Never backdate. Never use "white out".
- Corrections to Section 1 can only be made by the employee if he/she is still employed.
- Corrections to Section 2 can only be made by the company representative who reviewed the employee's original documents at the time of hire or by a different company representative who now re-inspects the employee's original documents if he/she is still employed. Changes cannot be made based upon a review of photocopies of employee documents, if any.

What if Audit Reveals Missing Forms 1-9

- Contact each employee that he/she will need to complete an I-9 before allowing them to work again.
- Provide the employees with information on documents they can use to complete the I-9 Form.
- Inform the management that the employee cannot work until an I-9 is completed, if applicable.
- Employee and manager complete an I-9 using the current I-9 form.
- Remember: Never back date the forms. Keep documentation of action taken to correct the situation.
- NOTE: If an employee reveals that they cannot produce valid documents to complete the I-9, or that they are not eligible to work in the United States, the employee must be terminated discuss with your management or legal counsel before you take action.

FREQUENTLY ASKED QUESTIONS ABOUT CORRECTING AN I-9

- During the internal audit, if I find I-9's that have lots and lots of mistakes, should I just throw out the original I-9 and start over?
- NO -Never throw out an original I-9. If you think it's best to "start fresh" due to the number of errors or messiness of an original I-9, make sure to staple the original and new I-9 together. Even with mistakes, the original I-9 is important evidence of a good faith attempt to fill out the I-9 at an earlier time.

FREQUENTLY ASKED QUESTIONS

- Should I make copies of the I-9 documentation?
- You may choose to make copies of employee documentation presented to you for Section
 If you choose to photocopy documents, you must do so for ALL employees, regardless of actual or perceived national origin, immigration or citizenship status, or you may be in violation of anti-discrimination laws.

What To Do In the Event of a Government I-9 Audit?

- Verify the identity of the agent request some official form of identification with a photo.
- Do not deny the agent entry into company.
- Be as cooperative as possible at all times.
- If the agent wants to see I-9 documents as part of a routine audit, request some time to comply with the request (you are allowed 72 hours to present them).
- If ICE asks to see or take I-9 documents, you should make copies of these documents before providing them with the originals.
- Do not take any corrective action with respect to your current I-9 Forms until after consulting competent counsel as this could be considered interference with the investigation.
- Contact immigration counsel.

Best Practices in Developing Effective I-9 Compliance Program

- Centralization of Authority
- Centralization of Storage
- Written hiring and employment eligibility verification policy that addresses completion of the I-9 form
- Training program related to the hiring and employment verification process, including completion of the I-9
- Keeping a reliable reminder system before employment eligibility expires
- Periodic Internal Audits

Effective I-9 Compliance Program

- If followed consistently for each and every employee, the compliance program will
 - Cut down on the possibility of immigrationrelated liability and show good faith
 - Save the steep fines, brand damage and penalties—including criminal prosecution—that accompany noncompliance.
 - Reduce employee complaints on immigrationrelated discrimination
 - Eliminate confusion and distrust among coworkers and management

This webinar does not constitute legal advice.
This presentation provides basic information
to help you become generally familiar with
I-9 audit procedures.

Questions? Contact us at: info@cilawgroup.com

