



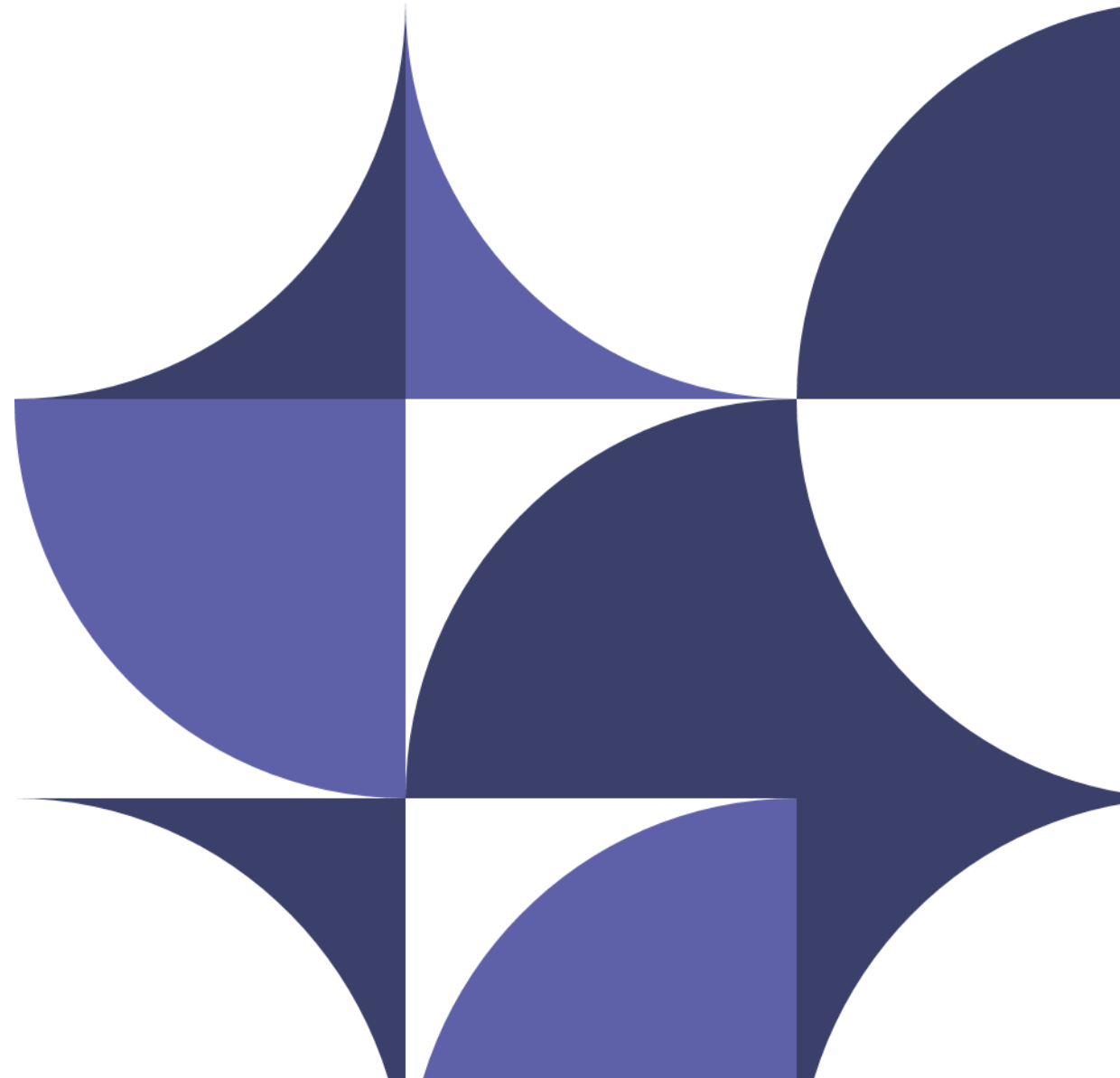
Return to Business

Virtual I-9 and other COVID-19 Compliance Concerns

June 29, 2020

Seyfarth Shaw LLP

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Speakers



Dawn Lurie
Senior Counsel
Washington D.C.

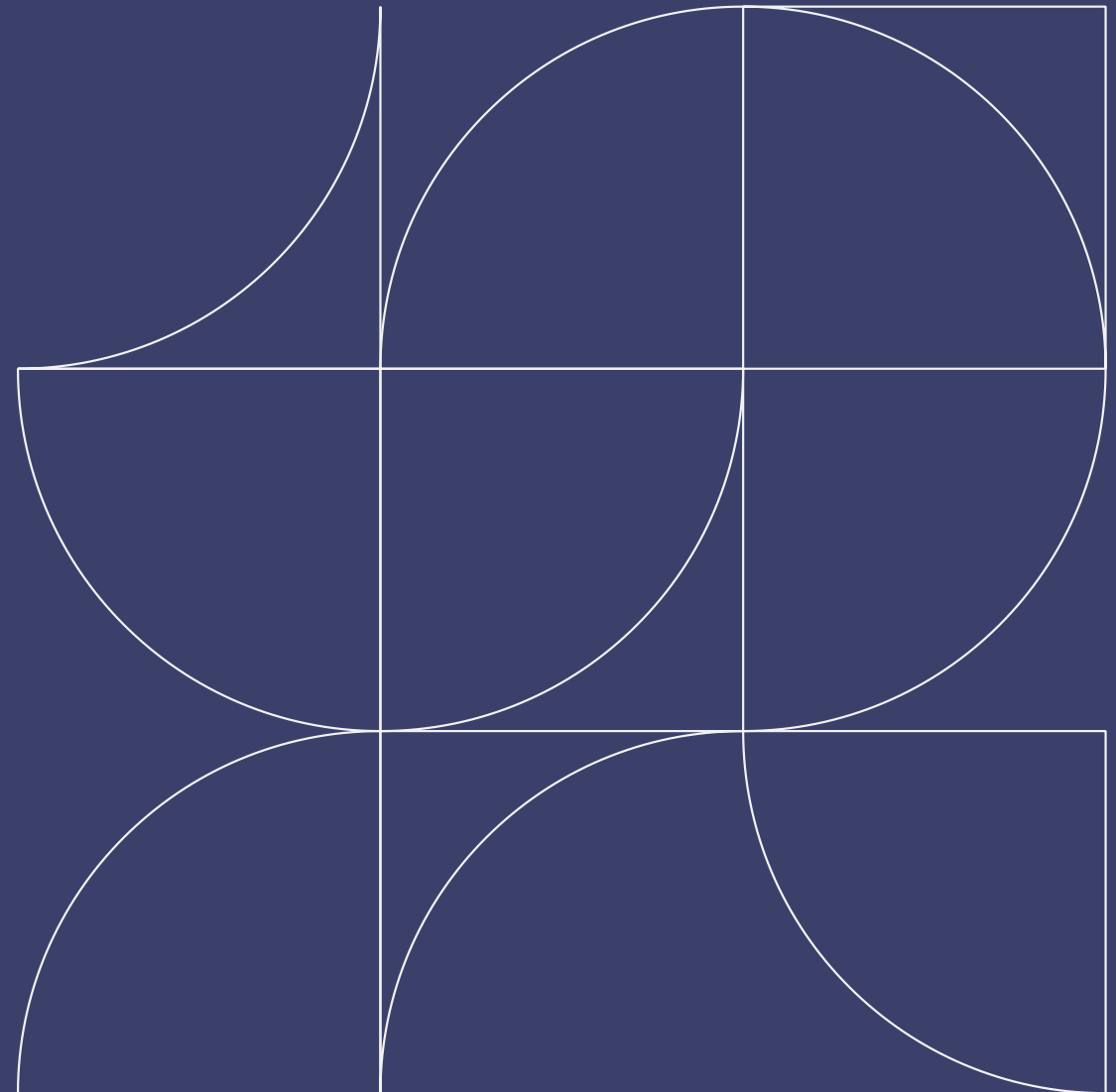


Angelo Paparelli
Partner
Los Angeles



Leon Rodriguez
Partner
Washington D.C.

Relaxation of In-person I-9 Review





Overview of Normal I-9 Rules

- Section 1 must be completed by the employee
 - On or before first day of work for pay (aka Date of Hire)
 - After an offer and acceptance
- Section 2 must be completed by the employer, or authorized representative
 - On or before the third day of work for pay (same as Date of Hire)
 - Employee must present unexpired original documentation that verify his/her identity and his/her work authorization status in the U.S.
 - Employers must physically review the document(s) in-person
 - Employees may choose which documentation to present
- Section 3 must be completed by the employer, where necessary
 - On or before the expiration of work authorization

Relaxation of In-Person Requirement



- DHS Flexibility on Form I-9 Compliance
- Extended until July 18, 2020

“Due to precautions being implemented by employers and employees related to physical proximity associated with COVID-19, the Department of Homeland Security (DHS) announced today that it will exercise discretion to defer the physical presence requirements associated with Employment Eligibility Verification (Form I-9) under Section 274A of the Immigration and Nationality Act (INA)”.

Fully Remote

- ICE notes that “DHS has decided to once again extend this policy for employers operating 100% remotely in light of COVID-19 for an additional 30 days”
 - Certain businesses/sites were not be able to use virtual I-9 completion
 - Authorized Representative, Friends & Family method
 - Employers must ensure documents copies of the “virtually” reviewed List A or B &B documents are maintained
 - Employers “must provide written documentation of their remote onboarding and telework policy for each employee.
 - The burden rests solely with the employers.”
-

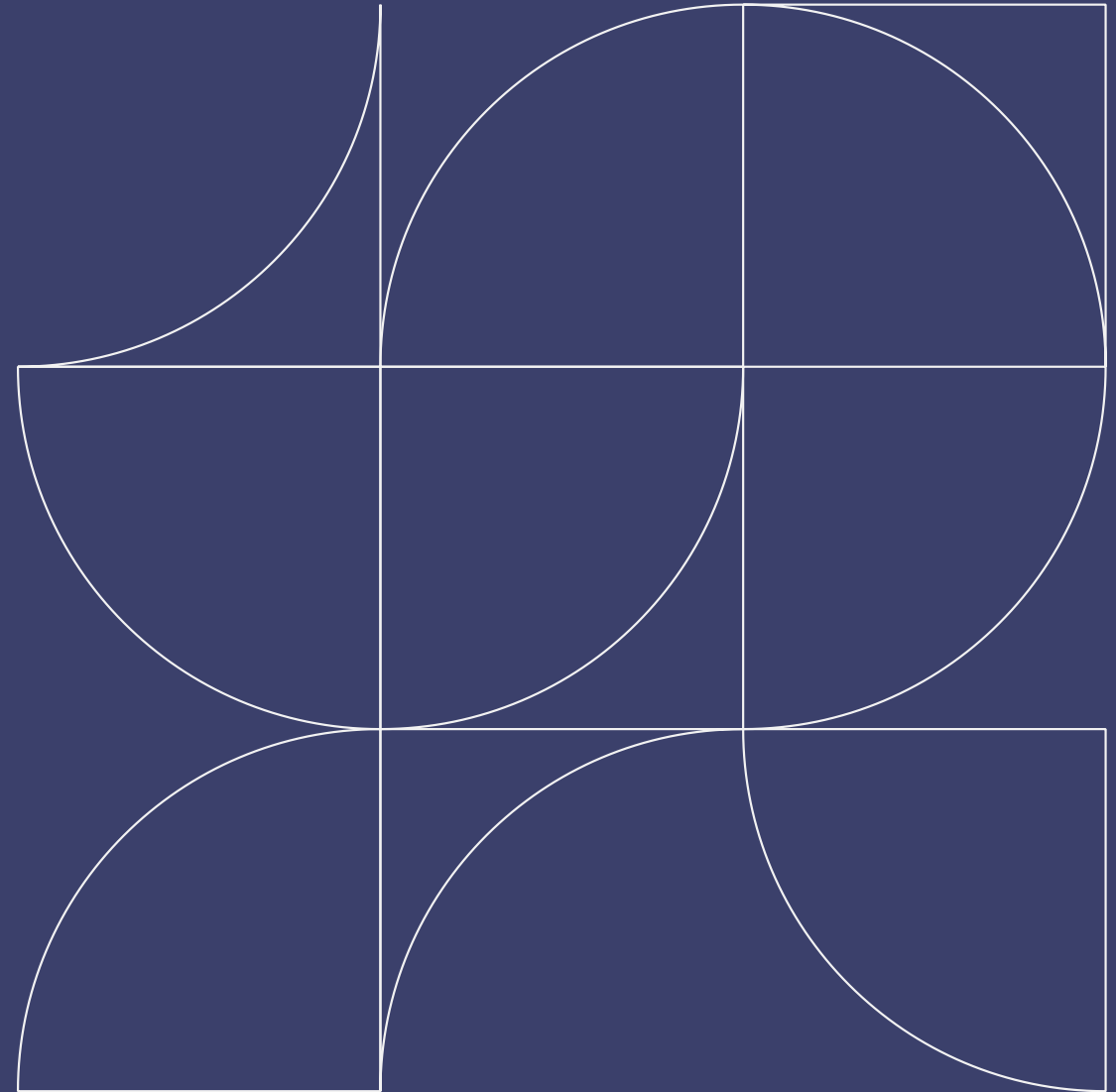
Mechanics of Remote Completion

- ICE Established Requirements in Announcing Flexibility Policy
- Employer Needs to Have a Remote Work Policy in place
 - necessary features of such a policy
 - documenting local restriction
- Attestation still needs to be completed by person inspecting documents
- Notations reflecting COVID-19 basis for remote completion

What Else Did the HSI Guidance Say?

- Guidance allows companies to review “Section 2 documents remotely (e.g., over video link, fax or email, etc.) and obtain, inspect, and retain copies of the documents, within three business days for purposes of completing Section 2”
- Caveat is that virtual flexibility would only be a temporary reprieve; “after normal operations resume” – as stated in the March 20 announcement – the employee would be required to provide original documents in person for inspection by the employer

Q&As and Other Guidance, Kind Of...



A Thousand and One Questions

- Employers hoping for explanations on what ICE envisioned
 - when the agency stated that the duty to update Section 2 of the virtually initiated I-9s occur in person “after normal operations resume”
 - when exactly the three days starts for physically completing the Forms in-person
 - for other random scenarios
- USCIS in conjunction with ICE issued Q& As

List B Document Extensions- Receipt or Not a Receipt?

*Beginning on May 1, identity documents found in List B set to expire on or after March 1, 2020, and not otherwise extended by the issuing authority, may be treated the same as if the employee presented **a valid receipt** for an acceptable document for Form I-9 purposes*

List B Expired: NO issuing authority Extension

- Because many areas were under stay-at-home orders due to COVID-19 and online renewal services have restrictions, employees may experience challenges renewing a state driver's license, a state ID card, or other List B document
- Considering these circumstances, DHS is issuing a temporary policy regarding expired List B identity documents used to complete Form I-9, Employment Eligibility Verification
- If List B is expired on or after March 1 **and extended then it** is acceptable and should be recorded (without the need to reverify later)
- Increased work for employers to track state extensions
- Confirm the auto-extensions, consider attaching to the I-9
- **Practice Note:** Temporary Licenses are Acceptable Documents, not receipts

Entering a List B Document Extended by Issuing Authority in Section 2



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) Washington	First Name (Given Name) Martha	M.I. N/A	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Driver's license issued by state/territory		Document Title Social Security card (unrestricted)
Issuing Authority		Issuing Authority Virginia		Issuing Authority Social Security Administration
Document Number		Document Number 123456		Document Number 123456789
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy) 04/29/2020		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title		Additional Information COVID-19 EXT		QR Code - Section 2 Do Not Write In This Space
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): 05/04/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Thomas Jefferson</i>	Today's Date (mm/dd/yyyy) 05/04/2020	Title of Employer or Authorized Representative HR Manager
Last Name of Employer or Authorized Representative Jefferson	First Name of Employer or Authorized Representative Thomas	Employer's Business or Organization Name Department of Agriculture
Employer's Business or Organization Address (Street Number and Name) 123 Monticello Drive		City or Town Charlottesville
		State VA
		ZIP Code 22902

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)
----------------	-----------------	---------------------------------------

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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Entering an Expired List B Document in Section 2



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) Washington	First Name (Given Name) Martha	M.I. N/A	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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Document Title N/A	Document Title Government ID card	Document Title Social Security card (unrestricted)
Issuing Authority N/A	Issuing Authority USCIS	Issuing Authority Social Security Administration
Document Number N/A	Document Number 123456789	Document Number 123456789
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 03/05/2020	Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	Additional Information COVID-19	
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any) (mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any) (mm/dd/yyyy) N/A		

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): 05/18/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Thomas Jefferson</i>	Today's Date (mm/dd/yyyy) 05/18/2020	Title of Employer or Authorized Representative HR Manager
Last Name of Employer or Authorized Representative Jefferson	First Name of Employer or Authorized Representative Thomas	Employer's Business or Organization Name Department of Agriculture
Employer's Business or Organization Address (Street Number and Name) 123 Monticello Drive	City or Town Charlottesville	State VA
		ZIP Code 22902

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)

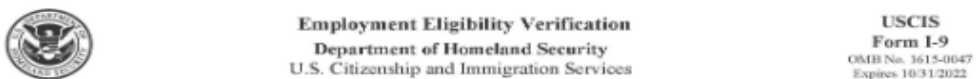
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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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Updating Section 2 When Employee Presents Unexpired Document Once Normal Operations Resume



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) Washington	First Name (Given Name) Martha	M.I. N/A	Citizenship/Immigration Status 1
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List A OR List B AND List C
 Identify and Employment Authorization OR Identity AND Employment Authorization

Document Title N/A	Document Title Government ID card	Document Title Social Security card (restricted)
Issuing Authority N/A	Issuing Authority USCIS	Issuing Authority Social Security Administration
Document Number N/A	Document Number 123456789	Document Number 123456789
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 03/05/2020	Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	Additional Information	
Issuing Authority N/A	QR Code - Section 2 Do Not Write in This Space	
Document Number N/A	COVID-19	
Expiration Date (if any) (mm/dd/yyyy) N/A	USCIS Government ID Card Document Number 987654321 Exp. 06/15/2025	
Document Title N/A	N/A	
Issuing Authority N/A	N/A	
Document Number N/A	N/A	
Expiration Date (if any) (mm/dd/yyyy) N/A	N/A	

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): 05/18/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Thomas Jefferson</i>	Today's Date (mm/dd/yyyy) 05/18/2020	Title of Employer or Authorized Representative HR Manager
Last Name of Employer or Authorized Representative Jefferson	First Name of Employer or Authorized Representative Thomas	Employer's Business or Organization Name Department of Agriculture
Employer's Business or Organization Address (Street Number and Name) 123 Monticello Drive	City or Town Charlottesville	State VA
		ZIP Code 22902

Section 3. Reverification and Rehire (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)
----------------	-----------------	---------------------------------------

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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- If the same person performs both the remote and subsequent physical inspections, complete as shown
- Note that if a different person performs the physical inspection, that person should write their full name and title, instead of their initials

The New Normal

- RTW will be complicated and will look different for different companies, maybe even for different sites, same company
- Resumption of normal operations will vary widely among industries, business sectors, and the incidence of COVID-19 diagnoses.
- Definition of “normal operations” will surely vary as the new normal begins to take shape
- Questions from client companies
 - When skeleton crew arrives?
 - When HR returns to work?
 - What about employers who allow 100% work from home and never resume normal operations?
 - What about groups, such as summer interns, that will be 100 WFH?
- Critical to memorialize policies and guidance as part of a historical record
 - will be beneficial during any future audits

HR and I-9 Completer Concerns

- You're responsible for completing Form I-9s
 - You have a population return to work
 - Maybe you have 3 or maybe 300 people to I-9
- Effective planning is key
- Ensure a safe process is available including the logistics of viewing and handling documents.
- Ensure you are tracking those I-9s completed
- Also tracking RTW timelines
- Do you have an electronic system?
 - Do you need one?

USCIS & COVID-19

- “After document review, enter in the Additional Information field “COVID 19” as the reason for the physical inspection delay, “documents physically examined” and the date of physical inspection and who conducted it.”
- There is likely difference in updating Section 2 depending on the individual who is physically reviewing the documents in-person
- If the same person who inspected the documents virtually is also inspecting the documents in-person, then they should update the Form I-9 as seen below in the mockup provided by USCIS

Completing Section 2 When Inspecting Documents Remotely



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) Washington	First Name (Given Name) George	M.I. N/A	Citizenship/Immigration Status 2
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security card (unrestricted)
Issuing Authority N/A		Issuing Authority Virginia		Issuing Authority Social Security Administration
Document Number N/A		Document Number 123456		Document Number 123456789
Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) 02/22/2022		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A		Remote inspection completed on 03/30/2020		
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				

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): 03/30/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Abigail Adams</i>	Today's Date (mm/dd/yyyy) 03/30/2020	Title of Employer or Authorized Representative HR Manager
Last Name of Employer or Authorized Representative Adams	First Name of Employer or Authorized Representative Abigail	Employer's Business or Organization Name Department of Defense
Employer's Business or Organization Address (Street Number and Name) 123 Independence Avenue NW	City or Town Washington	State DC
		ZIP Code 20210

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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Performing Physical Inspection Once Normal Operations Resume

If the person who performed the remote inspection also performs the physical inspection, they should indicate the date they physically examined the documents then add their initials in the Additional Information field



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) Washington	First Name (Given Name) George	M.I. N/A	Citizenship/Immigration Status 2
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Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security card (unrestricted)
Issuing Authority N/A	Issuing Authority Virginia	Issuing Authority Social Security Administration
Document Number N/A	Document Number 123456	Document Number 123456789
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 02/22/2022	Expiration Date (if any) (mm/dd/yyyy) N/A

Document Title N/A	Additional Information Remote inspection completed on 03/30/2020 COVID-19 Documents physically examined on mm/dd/yyyy by AA	QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any) (mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any) (mm/dd/yyyy) N/A		

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): 03/30/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Abigail Adams</i>	Today's Date (mm/dd/yyyy) 03/30/2020	Title of Employer or Authorized Representative HR Manager	
Last Name of Employer or Authorized Representative Adams	First Name of Employer or Authorized Representative Abigail	Employer's Business or Organization Name Department of Defense	
Employer's Business or Organization Address (Street Number and Name) 123 Independence Avenue NW		City or Town Washington	State DC
		ZIP Code 20210	

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)

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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Performing Physical Inspection by a Different Person Once Normal Operations Resume

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) Washington	First Name (Given Name) George	M.I. N/A	Citizenship/Immigration Status 2
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory Virginia		Document Title Social Security card (unrestricted) Social Security Administration
Issuing Authority N/A		Issuing Authority 123456		Issuing Authority 123456789
Document Number N/A		Document Number 02/22/2022		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A		Document Title N/A		Document Title N/A
Issuing Authority N/A		Issuing Authority N/A		Issuing Authority N/A
Document Number N/A		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A		Document Title N/A		Document Title N/A
Issuing Authority N/A		Issuing Authority N/A		Issuing Authority N/A
Document Number N/A		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A

Additional Information
 Remote inspection completed on 03/30/2020

COVID-19 Documents physically examined on mm/dd/yyyy by HR Manager Betty Ross

QR Code - Section 2
 Do Not Write In This Space

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 above, 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): 03/30/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Abigail Adams</i>	Today's Date (mm/dd/yyyy) 03/30/2020	Title of Employer or Authorized Representative HR Manager
Last Name of Employer or Authorized Representative Adams	First Name of Employer or Authorized Representative Abigail	Employer's Business or Organization Name Department of Defense
Employer's Business or Organization Address (Street Number and Name) 123 Independence Avenue NW	City or Town Washington	State DC
		ZIP Code 20210

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
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B. Date of Rehire (if applicable)

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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Different Completer:

- the person who performs the physical inspection should indicate the date they physically examined the documents
- include full name and title in the Additional Information field

Notating Remote and Physical Inspection for Reverification



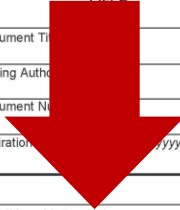
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services


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) Hamilton	First Name (Given Name) Alexander	M.I. N/A	Citizenship/Immigration Status
------------------------------	-------------------------------------	--------------------------------------	-------------	--------------------------------

List A Identity and Employment Authorization	OR	List B 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	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number	<i>Remote inspection completed on mm/dd/yyyy</i>	
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	<i>COVID-19</i>	
Issuing Authority		
Document Number	<i>Document physically examined on mm/dd/yyyy by JA</i>	
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	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

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)
N/A	N/A	N/A	N/A

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)
Employment Auth. Document (Form I-766)	123456789	04/30/2022

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 <i>John Adams</i>	Today's Date (mm/dd/yyyy) 04/29/2020	Name of Employer or Authorized Representative Department of Justice
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Electronic I-9 Systems

The Good

- Ahead of the curve
- Tracks virtual I-9s
- Already rolled out a process to update S2
- Allows a remote/3rd party to complete S2 with no access into the system
- Process to upload and store documents
- Tracks Receipts (new List B type)

The Bad

- Working on all of it
- Partially rolled out

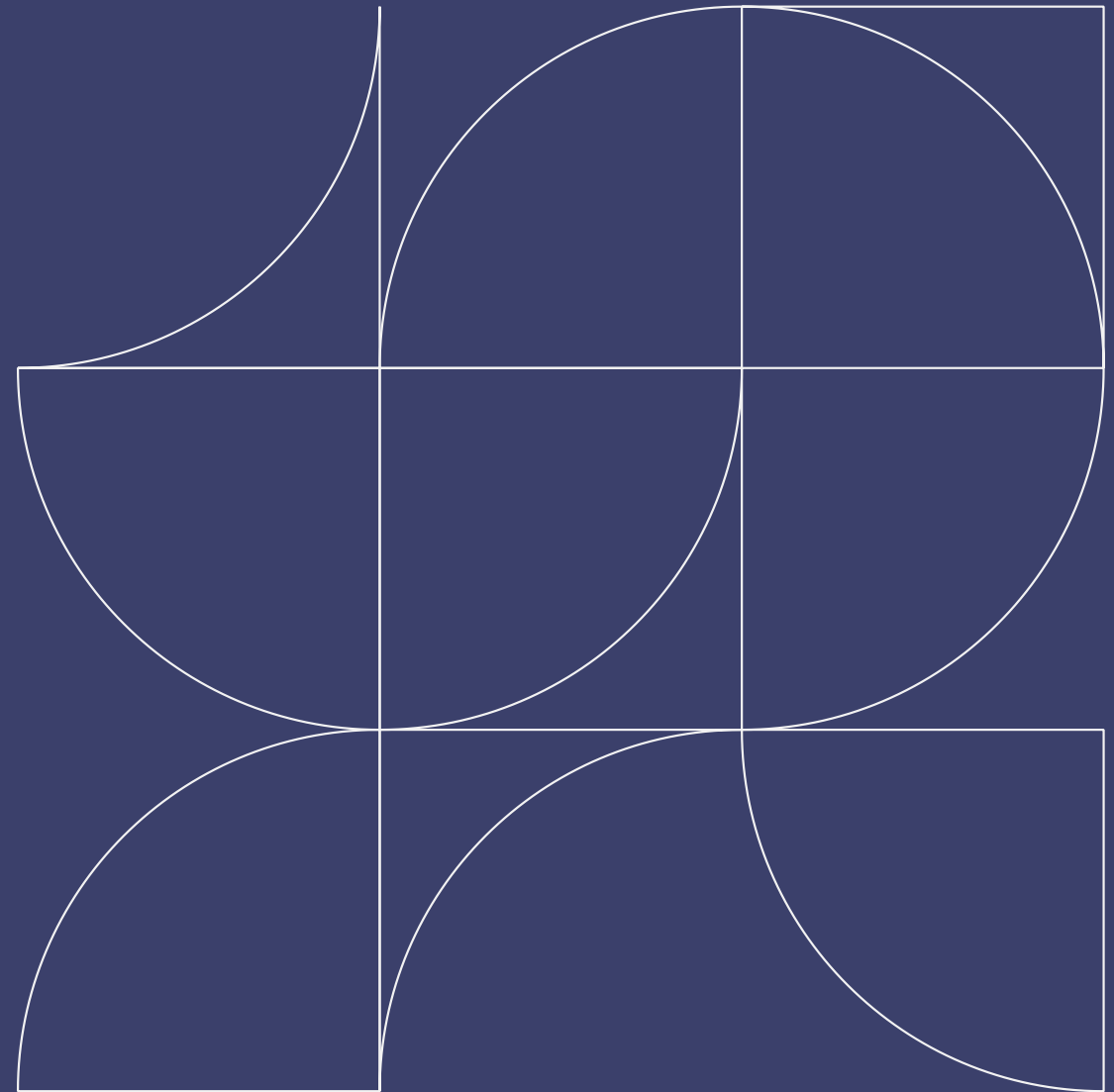
The Ugly

- Not working on it....
- Can't make changes to the Form I-9
 - must do a new Form I-9 to update
 - must do a new Form I-9 for everything
- No tracking

Authorized Representative Method

- Precautions to take for “friends and family” authorized representatives
 - Clear Written Instructions
 - Samples and Contact Information for HR
 - Safeguarding PII, outline a process for document copies (should be mandated)
 - Confirmation of responsibility
 - Exposure to perjury

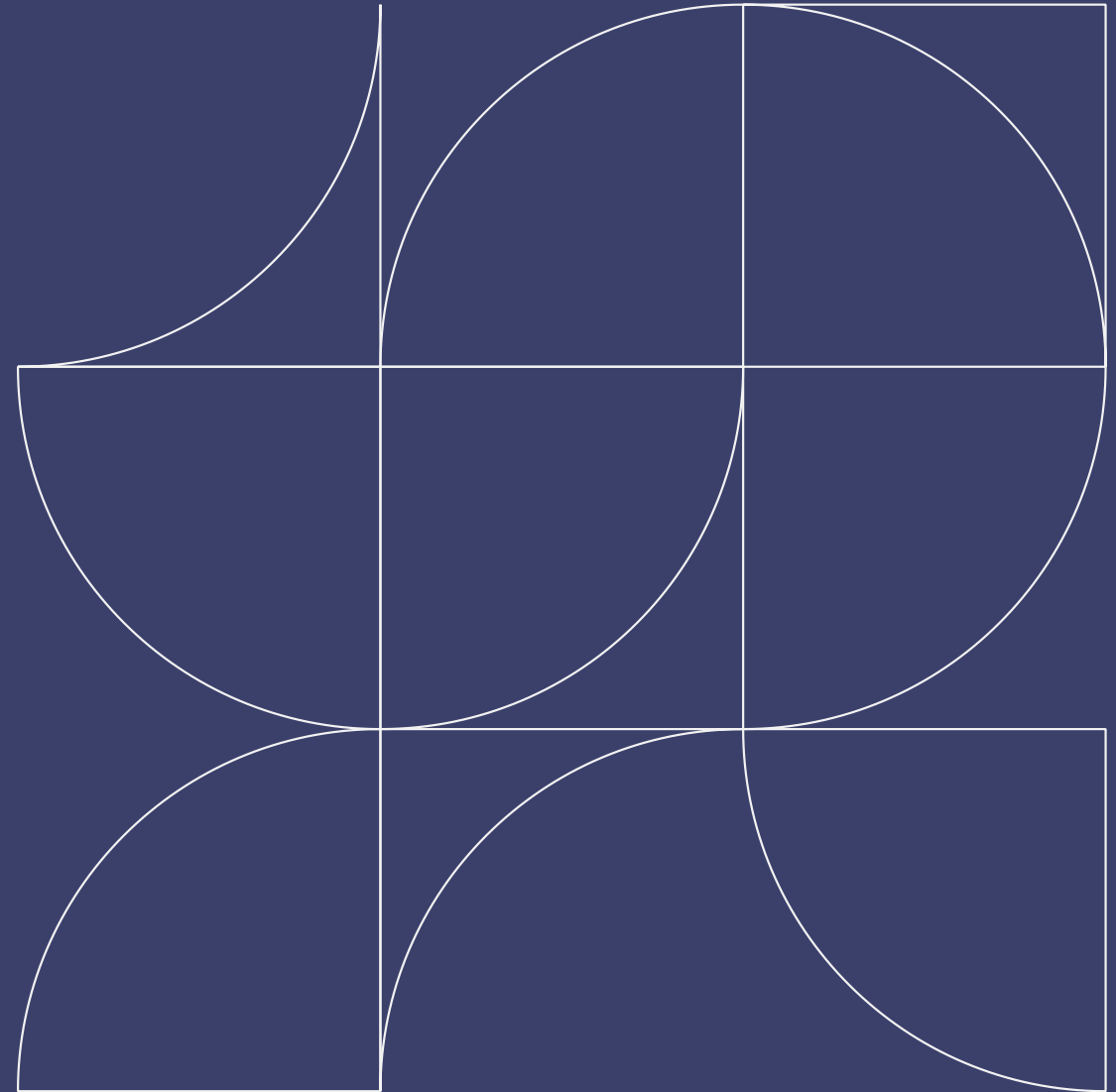
Increased Investigations



Existing and Increased Interest In Compliance

- Buy American, Hire American
 - Department of Justice, Immigrant and Employee Rights Office
- Presidential Proclamation
 - Increased Department of Labor Investigations
- Joint Task Force Actions

POLICY ADVOCACY



Historical View on In-Person Document Review

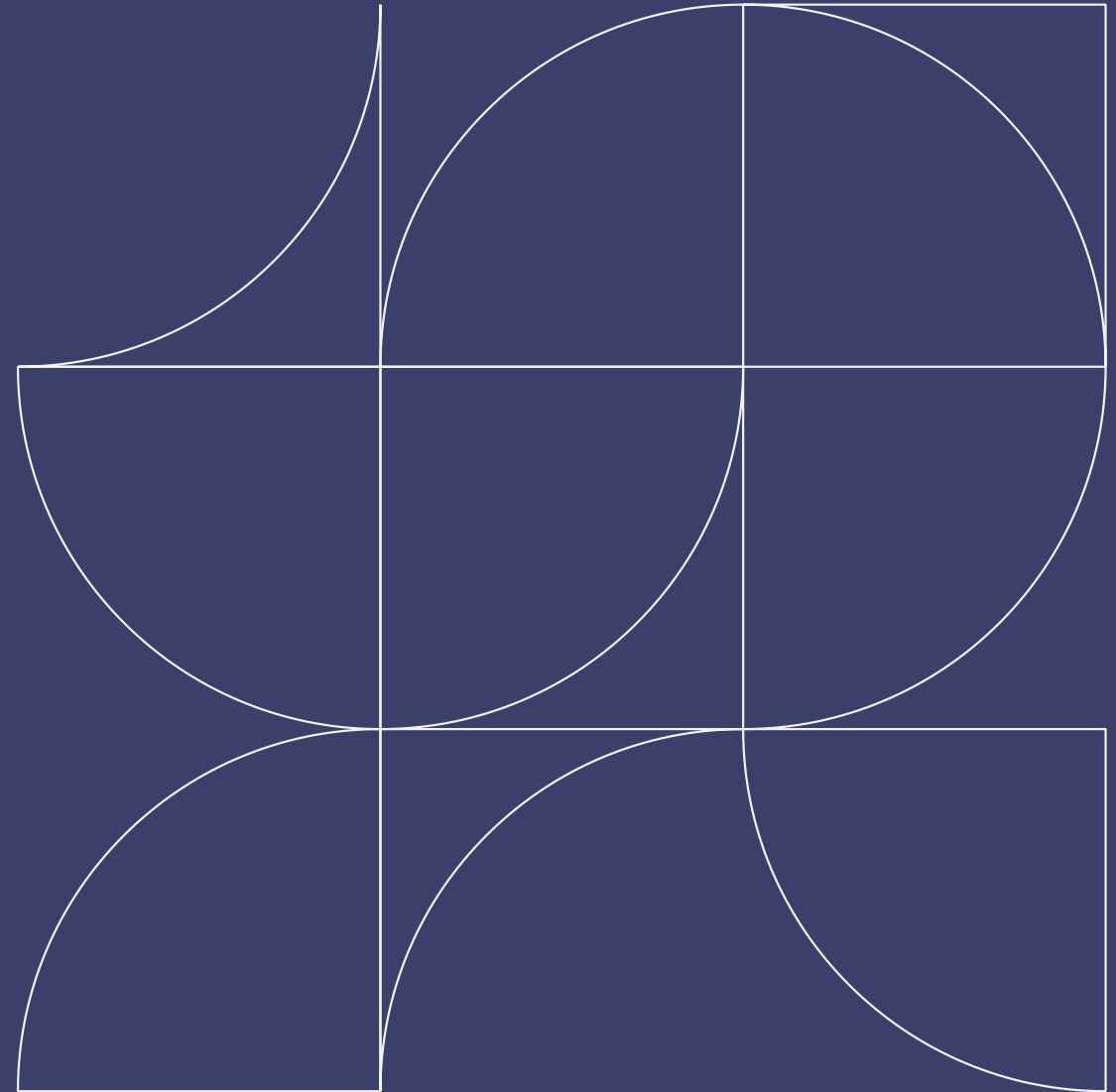
- Before the emergence of COVID-19, employers were asking for a relaxation of the in-person review
- DHS perspective
 - Regulatory
 - Criminal
- The Reality of 2020 should outweigh prior concerns
- Need regulatory change



Why Might 2020 Be Different?

- Slow Return to Work means many businesses will remain partially remote for a long time.
- Some employers are seeing this as an opening to relax the physical inspection
- Any relaxation needs to address ICE concerns about compliance
- What will this look like?
- Join us as we present proposals for I-9 transformation
- Avenues of Advocacy:
 - Department of Homeland Security – USCIS, ICE, Private Sector Office
 - Congress
- Change in the Regulations

QUESTIONS & ANSWERS



**thank
you**

**For more information please contact
your Seyfarth immigration attorney or
any of the speakers.**