

# Old Dominion University

## Checklist for Completing I-9 Forms

The federal government requires employers to ensure that all new employees are legally entitled to work in the United States. To avoid costly penalties, ODU must have in place a process to ensure departments are adhering to federal requirements.

All new and rehired ODU employees must complete the Form I-9, Employment Eligibility Verification, **on or before the first day of employment**. They must also provide proof of identity and employment eligibility **within three business days from the first date of employment**. To help ensure compliance, the following checklist has been designed as a guide to be used by departments for the proper completion of each Form I-9.

### **Section 1. Employee Information and Verification**

***(Must be completed by employee on or before the first day of employment)***

#### **Employee Information**

- Employee's first, middle initial, and last name correctly stated.
- Full address, including city, state, and zip code correctly stated.
- Month, day, and year of birth correctly stated.
- Social Security number correctly stated.

#### **Citizenship/Immigration Status**

- Status is indicated and correctly stated.
- If employee is a permanent resident, the alien registration number is correctly stated.
- If employee is not a permanent resident but has authorization to work in the U.S., the expiration date of employment authorization and alien or admission number is correctly stated.

#### **Employee's Signature**

- Employee's signature correctly stated.
- Month, day, and year of employee's execution of form correctly stated.
- Signed on or before the first day of employment.**

#### **Preparer/Translator Certification (if applicable)**

- Signature of preparer/translator correctly stated.
- Name of preparer/translator printed correctly.
- Full address, including city, state, and zip code of preparer/translator correctly stated.

### **Section 2. Employer Review, Verification, and Certification**

***(Must be completed within three days of hire)***

Employee must present **originals** of List A document **or** List B **and** List C documents.

#### **List A**

- Appropriate document received.
- Document Title correctly stated.
- Document Issuing Authority correctly stated.
- Document Number and expiration date correctly stated. If none, write N/A.
- Receipt showing application for document received (if applicable).
- Copied and attached document.

**List B**

- \_\_\_ Appropriate document received.
- \_\_\_ Document Title correctly stated.
- \_\_\_ Document Issuing Authority correctly stated.
- \_\_\_ Document Number and expiration date correctly stated. If none, write N/A.
- \_\_\_ Receipt showing application for document received (if applicable).
- \_\_\_ Copied and attached document.

**List C**

- \_\_\_ Appropriate document received.
- \_\_\_ Document Title correctly stated.
- \_\_\_ Document Issuing Authority correctly stated.
- \_\_\_ Document Number and expiration date correctly stated. If none, write N/A.
- \_\_\_ Receipt showing application for document received (if applicable).
- \_\_\_ Copied and attached document.

**Employer’s Certification**

- \_\_\_ Month, day, and year of hire correctly stated.
- \_\_\_ Signature of employer’s authorized representative correctly stated.
- \_\_\_ Name of authorized representative printed correctly.
- \_\_\_ Title of authorized representative correctly stated.
- \_\_\_ Name of Business or Organization correctly stated (Old Dominion University).
- \_\_\_ Full address, including city, state, and zip code correctly stated.  
(5115 Hampton Boulevard, Norfolk, VA 23529)
- \_\_\_ **Certification signed within three days of hire (first day of employment).**
- \_\_\_ Month, day, and year of authorized representative’s certification correctly stated.

**Section 3. Updating and Recertification**  
***(Must be on or before expiration date)***

- \_\_\_ If employee listed an expiration date in Section 1, recertified employment eligibility on or before expiration date.
- \_\_\_ Employee’s first, middle, and last name written in Section 1.
- \_\_\_ If employee has a new name, first, middle initial, and last name correctly stated.
- \_\_\_ Month, day, and year of rehire, if applicable, correctly stated.
- \_\_\_ Appropriate employment eligibility document received, if applicable.
- \_\_\_ Document Title, Number, and expiration date, if applicable, correctly stated.
- \_\_\_ Signature of employer’s authorized representative correctly stated.
- \_\_\_ Month, day, and year of authorized representative certification correctly stated.

\_\_\_\_\_  
Name of person completing this checklist (**Please Print**)

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_