Completing Section 2, Employer Review and Verification

Employers must complete and sign Section 2 of Form I-9 within three business days of the date of hire of their employee (the hire date means the first day of work for pay). For example, if your employee began work for pay on Monday, you must complete Section 2 by Thursday of that week. If the job lasts less than three days, you must complete Section 2 no later than the first day of work for pay.

Employee Responsibilities for Section 2

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. Your employees choose which documentation to present.

Employees must present:

- One selection from List A; or
- One selection from List B in combination with one selection from List C.

Note:

- List A contains documents that show both identity and employment authorization
- List B documents show identity only
- List C documents show employment authorization only

In certain circumstances, your employee may present an acceptable receipt in lieu of a List A, B, or C document. Receipts only temporarily satisfy the document presentation requirement for Section 2.

Employer Responsibilities for Section 2

An employer or an authorized representative of the employer completes Section 2. Employers or their authorized representatives must physically examine the documentation presented and sign the form.
The employer or authorized representative must:

- Ensure that any document your employee presents is on the Lists of Acceptable Documents or is an acceptable receipt.
- Physically examine each document to determine if it reasonably appears to be genuine and to relate to your employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to your employee, you should allow your employee to present other documentation from the List of Acceptable Documents.
- Enter your employee’s Last Name, First Name and Middle Initial (if provided) from Section 1.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the original document(s) your employee presented.
- Enter the date your employee began or will begin work for pay.
- Enter the name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.
- Enter the employer’s business name and address. If your company has multiple locations, use the most appropriate address that identifies the location of the employer with respect to the employee and his or her Form I-9 completion (e.g., the address where the Form I-9 is completed).
- Return the documentation presented back to your employee.

**Entering Dates in Section 2**

Section 2 includes two spaces that require dates. These spaces are for:

- Your employee’s first day of employment (i.e., “date of hire” which means the commencement of employment of an employee for wages or other remuneration).
- The date you examined the documentation your employee presented to show identity and employment authorization.

**The Date the Employee Began Employment**

The date your employee began employment may be a current, past or future date. You should enter:

- A current date
  - If Section 2 is completed the same day your employee begins employment for wages or other remuneration
- A past date
  - If Section 2 is completed after your employee began employment for wages or other remuneration. Enter the actual date your employee began employment for wages or other remuneration.
- A future date
  - If Section 2 is completed after the employee accepts the job offer but before he or she will begin employment for wages or other remuneration, enter the date the employee expects to begin such employment. If the employee begins employment on a different date, cross out the expected start date and write in the correct start date. Date and initial the correction.

Federal contractors completing Form I-9 for existing employees as a result of an award of a federal
contract with the **FAR E-Verify clause**: 

- Enter the date their employees first began employment for wages or other remuneration from Section 2 of their previously completed Form I-9.

**The Date the Employer Examined the Employee’s Documents**

This date is the actual date you complete Section 2 by examining the documentation your employee presents and signing the certification.

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### 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.)

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1: Doe, John A</th>
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<tbody>
<tr>
<td>Document Title:</td>
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<td>Issuing Authority:</td>
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<td>Document Number:</td>
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<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>02/28/2015</td>
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</tbody>
</table>

Document Title:                            
Issuing Authority:                         
Document Number:                           
Expiration Date (if any)(mm/dd/yyyy):      

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<th>Document Title:</th>
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<td>Document Number:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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</tbody>
</table>

### 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 Above

(See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
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<tbody>
<tr>
<td>Smith, Alice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
<th>Date Employer Completes Section 2</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Title of Employer or Authorized Representative**

HR Manager

**Employer’s Business or Organization Name**

Widgets, Inc.

**Employer’s Business or Organization Address (Street Number and Name)**

567 Maple Street

**City or Town**

Washington

**State**

DC

**Zip Code**

20000

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If your employee is a **minor** (under age 18), lists a **disability** requiring assistance on Form I-9, or presents documents with which you are not familiar, please see the list to the right for further guidance on how to complete Form I-9. If you still need help, please contact **USCIS Customer Service**.

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[Back to Top]