

Reference Materials
to assist in completing
the I-9 Form
for Student Employees

This addendum to the Student Employment Designee Handbook is meant to provide physical examples to assist you in completing the I-9 form.

For detailed instructions on how to complete the form, be sure to reference the “How To Complete Each Form” section of the Student Employment Designee Handbook located at:

www.clestatecareers.com/ocsedesignee

The following items are shown in this addendum to assist you:

1. The list of acceptable documents a student can provide you for you to complete section 2 of the I-9 (with the items most commonly used circled)
2. An example of an I-94 for an International Student (with indications where you find the information you need to enter onto the I-9 for that document)
3. An example of an I-20 for an International Student (with indications where you find the information you need to enter onto the I-9 for that document)
4. A sample I-9 for a Citizen using a List A document.
5. A sample I-9 for a Citizen using List B & C documents.
6. A sample I-9 for a Permanent Resident using a List A document.
7. A sample I-9 for a Permanent Resident using List B & C documents.
8. A sample I-9 for an International Student. (Note: the numbers listed on there are also pulled from the I-94 and I-20 examples in this packet so that you can see where those numbers should go.)

LISTS OF ACCEPTABLE DOCUMENTS

* All documents containing an expiration date must be unexpired.
 * Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 <li style="text-align: center;">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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

O = most commonly-used documents by our students

I-94

For **[REDACTED]**

issuer



U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 855592201A2

Document # 1

Most Recent Date of Entry: 2022 May 12

Class of Admission : F1

Admit Until Date : D/S

Expiration Date

Details provided on the I-94 Information form:

Last/Surname : **[REDACTED]**
First (Given) Name : **[REDACTED]**
Birth Date : 1995 June 05
Document Number : L4098606
Country of Citizenship : India

[Get Travel History](#)

- ▶ Effective April 28, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
- ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 07/31/2023

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

I-94 Example

I-20

Department of Homeland Security

issuer

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0032789686

Document #

SURNAME/PRIMARY NAME ██████████	GIVEN NAME ██████████	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME ██████████	PASSPORT NAME ██████████	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH ██████████	DATE OF BIRTH 05 JUNE 1995	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER ██████████	

SCHOOL INFORMATION

SCHOOL NAME Cleveland State University Cleveland State University	SCHOOL ADDRESS 2121 EUCLID AVE, BH 411, CLEVELAND, OH 44115
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Donnell Walker International Education Coordinator	SCHOOL CODE AND APPROVAL DATE CLE214F00211000 27 DECEMBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 16 APRIL 2022
START OF CLASSES 23 MAY 2022	PROGRAM START/END DATE 16 MAY 2022 - 11 MAY 2024	Expiration Date

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 21,658	Personal Funds	\$ 0
Living Expenses	\$ 12,670	Academic Excellence Scholarship	\$ 1,000
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 39,528
Books, Supplies, and Health Ins	\$ 6,200	On-Campus Employment	\$
TOTAL	\$ 40,528	TOTAL	\$ 40,528

REMARKS

(Please note: student should arrive by May 16. Orientation will be held May 18 & 19 and is MANDATORY. Class registration will not be permitted after May 25. (NO EXTENSIONS). 1040

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: Donnell Walker DATE ISSUED: 09 March 2022 PLACE ISSUED: CLEVELAND, OH
Coordinator

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student if student is under 18.

X
SIGNATURE OF: _____ DATE: _____
NAME OF PARENT/GUARDIAN: _____ SIGNATURE: _____ ADDRESS (city/state or province/country): _____ DATE: _____

I-20 Example



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) <i>Smith</i>		First Name (Given Name) <i>Cheryl</i>		Middle Initial (if any) <i>M</i>	Other Last Names Used (if any) <i>N/A</i>
Address (Street Number and Name) <i>701 East Schaaf Rd.</i>		Apt. Number (if any)	City or Town <i>Brooklyn Hts</i>		State <i>OH</i>
Date of Birth (mm/dd/yyyy) <i>6/5/1995</i>		U.S. Social Security Number <i>123456789</i>	Employee's Email Address <i>C.m.smith2972@gmail.com</i>		Employee's Telephone Number <i>216-211-2000</i>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input checked="" type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
		If you check Item Number 4., enter one of these:			
		USCIS A-Number	OR	Form I-94 Admission Number	OR
					Foreign Passport Number and Country of Issuance
Signature of Employee <i>Cheryl Smith</i>				Today's Date (mm/dd/yyyy) <i>8/8/23</i>	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1	<i>Passport</i>				
Issuing Authority	<i>USA</i>				
Document Number (if any)	<i>527173975</i>				
Expiration Date (if any)	<i>7/2/2024</i>				
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy) <i>8/8/2023</i>
Last Name, First Name and Title of Employer or Authorized Representative <i>Raven, Hyacinthe / Manager</i>		Signature of Employer or Authorized Representative <i>Hyacinthe L. Raven</i>
Employer's Business or Organization Name <i>CSU</i>		Today's Date (mm/dd/yyyy) <i>8/8/2023</i>
Employer's Business or Organization Address, City or Town, State, ZIP Code <i>2121 Euclid Ave, Cleveland, OH 44115</i>		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

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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) <i>Smith</i>		First Name (Given Name) <i>Cheryl</i>		Middle Initial (if any) <i>M</i>	Other Last Names Used (if any) <i>N/A</i>	
Address (Street Number and Name) <i>701 East Schaaf Rd.</i>			Apt. Number (if any)	City or Town <i>Brooklyn Hts</i>		State <i>OH</i>
Date of Birth (mm/dd/yyyy) <i>6/5/1995</i>		U.S. Social Security Number <i>123 456 789</i>		Employee's Email Address <i>C.m.smith2972@gmail.com</i>		Employee's Telephone Number <i>216-211-2000</i>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)				
<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)						
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee <i>Cheryl Smith</i>				Today's Date (mm/dd/yyyy) <i>8/8/23</i>		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1		<i>Driver's License</i>		<i>Birth Certificate</i>
Issuing Authority		<i>Ohio</i>		<i>Ohio</i>
Document Number (if any)		<i>UK 004910</i>		<i>1995 00 3953</i>
Expiration Date (if any)		<i>6/5/2025</i>		<i>N/A</i>
Document Title 2 (if any)	Additional Information			
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy): <i>8/8/2023</i>
Last Name, First Name and Title of Employer or Authorized Representative <i>Raven, Hyacinthe / manager</i>		Signature of Employer or Authorized Representative <i>Hyacinthe Raven</i>
		Today's Date (mm/dd/yyyy) <i>8/8/23</i>
Employer's Business or Organization Name <i>CSU</i>	Employer's Business or Organization Address, City or Town, State, ZIP Code <i>2121 Euclid Ave, Cleveland, OH 44115</i>	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

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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) <i>Smith</i>		First Name (Given Name) <i>Cheryl</i>		Middle Initial (if any) <i>M</i>	Other Last Names Used (if any) <i>Jones</i>	
Address (Street Number and Name) <i>701 East Schaub Rd.</i>			Apt. Number (if any)	City or Town <i>Brooklyn Hts.</i>		State <i>OH</i>
Date of Birth (mm/dd/yyyy) <i>6/5/1995</i>		U.S. Social Security Number <i>123456789</i>		Employee's Email Address <i>Cherylsmith@gmail.com</i>		Employee's Telephone Number <i>216-123-4567</i>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input checked="" type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number) <i>602-940-4567</i>				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee <i>Cheryl Smith</i>				Today's Date (mm/dd/yyyy) <i>8/8/23</i>		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1	<i>Permanent Resident Card</i>				
Issuing Authority	<i>USA</i>				
Document Number (if any)	<i>602-940-4567</i>				
Expiration Date (if any)	<i>12/13/2035</i>				
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
					<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy) <i>8/8/2023</i>
Last Name, First Name and Title of Employer or Authorized Representative <i>Raven, Hyacinthe / Manager</i>			Signature of Employer or Authorized Representative <i>Hyacinthe J Raven</i>		Today's Date (mm/dd/yyyy) <i>8/8/2023</i>
Employer's Business or Organization Name <i>CSU</i>		Employer's Business or Organization Address, City or Town, State, ZIP Code <i>2421 Euclid Ave, Cleveland, OH 44115</i>			

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



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Address (Street Number and Name) <i>701 East Schaaf Rd.</i>			Apt. Number (if any)	City or Town <i>Brooklyn Hts.</i>		State <i>OH</i>	
Date of Birth (mm/dd/yyyy) <i>6/5/1995</i>		U.S. Social Security Number <i>123456789</i>		Employee's Email Address <i>cherylsmith@gmail.com</i>		Employee's Telephone Number <i>216-123-4567</i>	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
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<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
If you check Item Number 4., enter one of these:		USCIS A-Number		OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee <i>Cheryl Smith</i>				Today's Date (mm/dd/yyyy) <i>8/8/23</i>			

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	List A	OR	List B	AND	List C
Document Title 1			<i>School ID</i>		<i>Social Security Card</i>
Issuing Authority			<i>CSU</i>		<i>SSA</i>
Document Number (if any)			<i>2999700</i>		<i>123-45-6789</i>
Expiration Date (if any)			<i>N/A</i>		<i>N/A</i>
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy): <i>8/8/2023</i>
Last Name, First Name and Title of Employer or Authorized Representative <i>Raven, Hyacinthe / Manager</i>		Signature of Employer or Authorized Representative <i>Hyacinthe Y. Raven</i>
Employer's Business or Organization Name <i>CSU</i>		Today's Date (mm/dd/yyyy) <i>8/8/2023</i>
Employer's Business or Organization Address, City or Town, State, ZIP Code <i>2121 Euclid Ave, Cleveland, OH 44115</i>		

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Employment Eligibility Verification

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OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) <i>Smith</i>		First Name (Given Name) <i>Cheryl</i>		Middle Initial (if any) <i>M</i>	Other Last Names Used (if any) <i>NA</i>	
Address (Street Number and Name) <i>701 East Schaaf Rd.</i>			Apt. Number (if any)	City or Town <i>Brooklyn Hts.</i>		State <i>OH</i>
Date of Birth (mm/dd/yyyy) <i>6/5/1995</i>		U.S. Social Security Number <i>123456789</i>		Employee's Email Address <i>cherylsmith@gmail.com</i>		Employee's Telephone Number <i>216-123-4567</i>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number)				
<input checked="" type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) <i>5/11/24</i>						
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR Form I-94 Admission Number		OR Foreign Passport Number and Country of Issuance
				<i>855592201A2</i>		
Signature of Employee <i>Cheryl Smith</i>				Today's Date (mm/dd/yyyy) <i>8/8/23</i>		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1	<i>Passport</i>				
Issuing Authority	<i>India</i>				
Document Number (if any)	<i>L4098606</i>				
Expiration Date (if any)	<i>6/5/2035</i>				
Document Title 2 (if any)	<i>I-94</i>		Additional Information		
Issuing Authority	<i>US Customs + Border Patrol</i>				
Document Number (if any)	<i>855592201A2</i>				
Expiration Date (if any)	<i>D/S</i>				
Document Title 3 (if any)	<i>I-20</i>				
Issuing Authority	<i>US Dept of Homeland Security</i>				
Document Number (if any)	<i>N0032789686</i>				
Expiration Date (if any)	<i>5/11/2024</i>				

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy) <i>8/8/2023</i>	
Last Name, First Name and Title of Employer or Authorized Representative <i>Raven, Hyacinthe / Manager</i>		Signature of Employer or Authorized Representative <i>Hyacinthe SR</i>	
Employer's Business or Organization Name <i>CSU</i>		Today's Date (mm/dd/yyyy) <i>8/8/2023</i>	
Employer's Business or Organization Address, City or Town, State, ZIP Code <i>2121 Euclid Ave, Cleveland, OH 44115</i>			

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.