

Things to Remember When Certifying the I-9 Form

1. Ensure you are using the most recent version.

- The top right corner of the form should list “Expires 7/31/2026”



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

- The bottom left corner of the form the date should indicate “8/1/2023”.

2. The I-9 form should be completed in Onboarding Students.

- The form is completed electronically by the new employee and the certifier in Papers – Onboarding. Please visit <https://ww1.odu.edu/finance/payroll/hiring-student-workers> for information and requesting access to Onboarding.
- There are two options for examination of documents.
 - Department representatives that certify the I-9 can meet with the new student employee to physically examine their unexpired I-9 documents and submit the certified I-9 in onboarding. Students upload the documents they want to use during the onboarding process.
 - Department representatives may also use remote examination of the documents. After a student has uploaded their I-9 supporting documents in Onboarding, the department representative may schedule a live Zoom meeting with the student to view the documents by video and compare them to the uploaded documents. If the department uses this alternative procedure, Section 2, Additional Information Section, box – “check here if you used an alternative procedure authorized by DHS to examine documents” must be checked.
- In Section 1, only the **employee** can make corrections to this section.

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) Doe		First Name (Given Name) Jane		Middle Initial (if any) B	Other Last Names Used (if any)	
Address (Street Number and Name) 1234 Sesame Street			Apt. Number (if any)	City or Town Hollywood	State CA ZIP Code 54321	
Date of Birth (mm/dd/yyyy) 01/01/2000	U.S. Social Security Number 1 2 3 4 5 6 7 8 9		Employee's Email Address jdoe@odu.edu		Employee's Telephone Number (757) 555-5555	
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 Jane Doe				Today's Date (mm/dd/yyyy) 08/29/2023		

3. If a preparer and/or translator assisted in completing Section 1, that person MUST complete the



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
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Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State <input type="text"/>	ZIP Code

- In Section 2, prior to your review of the documents, as the certifier, please ensure the “**Employee Info from Section 1**” is complete.

Things to Remember When Certifying the I-9 Form

- If you used the alternative procedure, please check the box in the additional information section.
- Please remember to indicate the employee’s actual first day of employment. Generally, this date would be the same as the first day of the pay period, but when it is not, please indicate the first day the employee physically begins work.
- Lastly, in Section 2, please remember to complete the following:
 - Employer’s Business Name as: Old Dominion University
 - Address as: 5115 Hampton Blvd, Norfolk, VA 23529 (not your physical campus address)
 - Your Name & Title as the Certifier

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					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
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.					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Old Dominion University			Employer's Business or Organization Address, City or Town, State, ZIP Code 5115 Hampton Blvd, Norfolk, VA 23529		

Please Note: I-9 forms should be forwarded to the Student Employment Office by the completion of the **first or second business day** of employment. This practice ensures that the internet-based system, E-Verify, is accessed and the verification process is complete within the three-business day requirement.

Here are some other helpful tips to remember when completing the I-9Form:

- Only use blue or black ink
- Do not use whiteout or correction tape on the Form.
 - If an error is made by the employee, please have them cross out the error using one line and initial and date the correction.
 - If an error is made by the certifier, please cross out the error using one line and initial and date the correction.
- Always enter the current date the I-9 is being completed, never back date the I-9 for any reason

If you have any additional questions or need assistance concerning I-9 Completion for student employees; please contact Lisa Hecker at lhecker@odu.edu or 683-3193 or Brenda Woodhouse at bblount@odu.edu or 683-5399.