

I-9, Section 2, Documentation

1. Name of document, e.g. US passport, foreign passport & I-94, or other document name

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND
Document title: <u>Foreign Passport</u>			
Issuing authority: <u>Hong Kong</u>			
Document #: <u>P1278626</u>			
Expiration Date (if any): <u>07/20/01</u>			
Document #: <u>993093119-04</u>			
Expiration Date (if any): <u>05/31/03</u>			

2. Name of entity that issued 1st document

3. Number of 1st document, i.e. passport #

4. Expiration date of 1st document, i.e. passport expiration date

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

5. I-94 Number; DS2019 #, etc.

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

6. Date on I-20 or DS2019

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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