

US CIS I-9 Receipt Rules

Employees who do not possess the required documentation when employment begins may not submit receipts showing that they have applied for initial applications for documents or for applications for extension of documents.

Receipts may be used only for the following reasons:

1. If an individual's document has been lost, stolen, or damaged, then he/she can present a receipt for the application for a **replacement document**. The replacement document needs to be presented to the employer within 90 days of hire or, in the case of Re-verification, the date employment authorization expires.
2. If the individual presents as a receipt, the arrival portion of the Form I-94 containing an unexpired temporary I-551 stamp (indicating temporary evidence of permanent resident status) and photograph of the individual, such document satisfies the I-9 documentation presentation requirement until the expiration date on the Form I-94. If no expiration date is indicated, an employer may accept the receipt for one year from the issue date of the Form I-94.
3. Form I-94 with a refugee admission stamp is acceptable as a receipt for 90 days. (Please see Refugee Documentation instructions).

Note: A receipt is never acceptable for employment lasting less than 3 days.

Documenting Receipts on the I-9 Form

- UCSF uses the following procedures for documenting receipts for the I-9 Form:
- Record in Section 2 the document title and number (if available) of the receipt, and write “receipt” in the Document space
- Forward a **copy** of the completed I-9 form to Payroll Department and retain the original I-9 Form.
- The employee has 90 days to present an actual document or other acceptable I-9 documents.
- Verify the actual document information with the information on the I-9 form. Make any necessary changes on the I-9 form, cross-out the word “receipt”, initial, and date the changes made to the I-9 form.
- Forward the corrected **original** I-9 form to Payroll Department.

Example of I-9 with SSC Receipt

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

OMB No. 1615-0047; Expires 03/31/2011
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employer **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Mississippi	Middle Initial	Maiden Name
Address (Street Name and Number) 100 Main St.	Apt. # 45	Date of Birth (month/day/year) 10/05/1956
City San Francisco	State CA	Social Security # 111-22-3333

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen or national of the United States
 A Lawful Permanent Resident (Alien #) A _____
 An alien authorized to work until _____ (Alien # or Admission #) _____

Employee's Signature Florida Mississippi Date (month/day/year) 09/12/2005

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____
 Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

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, any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	Mississippi Drivers License	Mississippi Drivers License	Social Security Card	_____
Issuing authority: _____	DMV	DMV	Social Security Administration	_____
Document #: _____	L1234567890	L1234567890	111-22-3333	_____
Expiration Date (if any): _____	02/08/08	02/08/08	_____	_____
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

L.F. 10/27/05

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named 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) 07/19/2007 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.)

Signature of Employer or Authorized Representative Lota Example Print Name Lota Example
 Business or Organization Name 1855 Folsom St., Ste 546, San Francisco, CA 94103-0812 Address (Street Name and Number, City, State, Zip Code)
 UICSF Payroll Dept. _____ Date (month/day/year) 09/12/2005

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) _____

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) _____

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

- Note in the document space the word "receipt", and forward to Payroll Dept. a copy of the I-9 form.
- For all receipts, you must review actual document(s) within 90 days or other documents to complete the I-9 form.
- Verify and make all necessary changes to the form.
- Cross out the word "receipt", initial, and date the changes.
- Forward original I-9 form to Payroll Department.