



Guardian I-9 Section 2

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Accessing Section 2

Guardian provides a variety of I-9 workflows to meet the needs of your organization, and as such there are multiple ways in which Section 2 can be accessed and completed. These workflows include:

- In-Person
- Employee Portal / Remote Hire with Agent
- Employee Kiosk

Section 2 may also be accessed from either the **Location Manager** or **Standard Interface**. Please see the related tutorials for guidance on a specific workflow or interface.

Accessing Section 2

Guardian

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Employee Group

Western US > Phoenix

Refresh All

Location

From the **Standard Interface** dashboard, the **Top Pending I-9's** Dashboard panel is useful for accessing incomplete I-9's. Click the **Date I-9 Created** for the desired employee.

Top Pending I-9s

	Date I-9 Created	Location	Employee Name	Status	Section 1 Deadline	Section 2 Deadline
 E	10/09/2020	Phoenix:	Andrews, Robert	Signed Sec 1	10/09/2020	10/15/2020
 E	09/21/2020	Phoenix:	Sanders, Maria	Started	10/01/2020	10/06/2020
 E	09/02/2020	Phoenix:	McNeil, Mary	Started	09/30/2020	10/05/2020
 E	09/21/2020	Phoenix:	Michaels, Sandra	Started	09/25/2020	09/30/2020

Top Pending E-Verify Actions

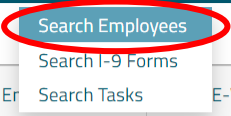
	Date Started	Current Status	Location	Employee Name	Date Initial Verification
 View	09/02/2020	Pending Further SSA/DHS Action []	Phoenix:	Stevens, Brent	N/A
 Analyze	09/15/2020	On Hold, waiting for user interaction [SSA Case Incomplete]	Phoenix:	Robbins, Sarah	09/15/2020
	09/24/2020	Pending Further SSA/DHS Action [SSA Referred, waiting for Resolution]	Phoenix:	Nestin, Sabrina	09/24/2020
	09/30/2020	Pending Further SSA/DHS Action [SSA Referred, waiting for Resolution]	Phoenix:	Nesstin, Sabrina	09/30/2020

Accessing Section 2

Alternatively, search for the Employee from the **Employees** tab at the top and open their I-9.

Guardian

Announcements Help Denise Moreno Logout



Dashboard Start I-9 Er Search Tasks E-Verify Reports

Employee Group Western US > Phoenix Location Refresh All

Type of I-9: **Current** | **Imported**
[Create New Employee](#)

Top Pending I-9s							
	Date I-9 Created	Location	Employee Name	Status	Section 1 Deadline	Section 2 Deadline	
E	10/09/2020	Phoenix:	Andrews, Robert	Signed Sec 1	10/09/2020	10/15/2020	
E	09/21/2020	Phoenix:	Sanders, Maria	Started	10/01/2020	10/06/2020	
E	09/02/2020	Phoenix:	McNeil, Mary	Started	09/30/2020	10/05/2020	
E	09/21/2020	Phoenix:	Michaels, Sandra	Started	09/25/2020	09/30/2020	

Top Pending E-Verify Actions					
	Date Started	Current Status	Location	Employee Name	Date Initial Verification
View Analyze	09/02/2020	Pending Further SSA/DHS Action []	Phoenix:	Stevens, Brent	N/A
	09/15/2020	On Hold, waiting for user interaction [SSA Case Incomplete]	Phoenix:	Robbins, Sarah	09/15/2020
	09/24/2020	Pending Further SSA/DHS Action [SSA Referred, waiting for Resolution]	Phoenix:	Nestin, Sabrina	09/24/2020
	09/30/2020	Pending Further SSA/DHS Action [SSA Referred, waiting for Resolution]	Phoenix:	Nesstin, Sabrina	09/30/2020

Accessing Section 2

On the employee's I-9 **Details** tab we can see that Section 1 was completed and signed by the employee.

Guardian

[Dashboard](#)[Start I-9](#)[Employee ▾](#)[E-Verify](#)[Reports](#)

I-9 for Andrews, Robert

[View Employee](#)[View E-Verify](#)[Refresh](#)[Update and Go Back](#)[Update Info](#)[Go Back](#)[Delete](#)[Details](#)[OnDocs](#)[Issues](#)[Amendments](#)

I-9 Overview

This I-9 is not ready for Approval.

Section 2 has not been completed or signed by the company representative.

Section 1

Andrews, Robert

Signed: **Robert Andrews**
10/09/2020 @ 11:09:26

[View Section 1](#)

Preparer/Translator

No Assistance Provided

Signed:

[View Prep](#)

Section 2

Andrews, Robert

Hired: 10/09/2020

Signed:

[View Section 2](#)

Documents **U.S. Passport Note:** Document Retention Required. **Uploaded**

Print Center

[View](#)[Employee](#)[Preparer/Translator](#)

Accessing Section 2

Click the **View Section 2** button.

[Dashboard](#)[Start I-9](#)[Employee](#) ▾[E-Verify](#)[Reports](#)

I-9 for Andrews, Robert

[View Employee](#)[View E-Verify](#)[Refresh](#)[Update and Go Back](#)[Update Info](#)[Go Back](#)[Delete](#)[Details](#)[OnDocs](#)[Issues](#)[Amendments](#)

I-9 Overview

This I-9 is not ready for Approval.

Section 2 has not been completed or signed by the company representative.

Section 1

Andrews, Robert

Signed: **Robert Andrews**
10/09/2020 @ 11:09:26

[View Section 1](#)

Preparer/Translator

No Assistance Provided

Signed:

[View Prep](#)

Section 2

Andrews, Robert

Hired: 10/09/2020

Signed:

[View Section 2](#)

Documents **U.S. Passport Note:** Document Retention Required. **Uploaded**

Print Center

[View](#)[Employee](#)[Preparer/Translator](#)

Completing Section 2

Click **See Details** to view the I-9 information entered by the employee.

Read Instructions for Completing Section 2

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 a combination of documents from the Lists of Acceptable Documents

Employee Information from Section 1 (See Details)

First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type ▾

⚠ If you select a List A document, no additional documents are required from List B or C

Additional Information ?

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 relate to the employee is authorized to work in the United States.

First Day of Employment

Planned Start Date

Employee Information From Section 1

Section 1 Responses

Last Name **Andrews**

First Name **Robert**

Middle Initial **N/A**

Other Names Used **N/A**

Date of Birth **01/01/1969**

Social Security No. **799-45-2857**

Attestation

A Citizen of the United States

Authorized to Work Until **N/A**

Alien No. **N/A**

Completing Section 2

Click Read Instructions for Completing Section 2 to access USCIS Form I-9 instructions.

LawLogix by Hyland

Dashboard Start I-9 Employee E-Verify

Read Instructions for Completing Section 2

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type

If you select a List A document, no additional documents are required from List B or C

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document and the information is true and correct, (2) the information is true and correct and 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

USCIS Form I-9 Instructions

Instructions for Form I-9, Employment Eligibility Verification

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

USCIS Form I-9
OMB No. 1615-0047
Expires 09/31/2019

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSCE) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit www.justice.gov/crt/about/osce.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/sites/default/files/files/form/i-9.pdf>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

or a combination of one document from List B and one document from List C as listed

and relate to the employee named, and (3) to the best of my knowledge the

Completing Section 2

ABC Corporation (Details)

If you aren't sure a document provided by the employee is acceptable for Section 2, click **Lists of Acceptable Documents**.

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Dashboard

Start I-9

[Read Instructions for Completing Section 2](#)

Employers or their authorized representative must select one document from List A or a combination of one document from List B and one document from List C as listed on the **Lists of Acceptable Documents**.

[Employee Information from Section 1 \(See Details\)](#)

Section 2. Employer or Authorized Representative

Employment Eligibility & Identity Options

Document Type

Select Document Type

! If you select a List A document, no additional documents from List B or C are required.

Additional Information **?**

Certification: I attest, under penalty of perjury, that the information provided by the employee is authorized to work in the United States.

First Day of Employment

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		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		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

document from List A or a combination of one document from List B and one document from List C as listed

appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the

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Completing Section 2

ABC Corporation [Details]

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Inspect the employee's supporting document(s) and select the appropriate Document Title(s) from List A **OR** List B and C.

Read Instructions for Completing Section 2

ⓘ 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 a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type ▾

⚠ If you select a List A document, no additional documents are required from List B or C ⓘ

Additional Information ⓘ

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 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

Planned Start Date

11/16/2024

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Completing Section 2

ABC Corporation [Details]

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

The **Citizenship/Immigration Status** field will contain a number 1-4, corresponding to the employee's attestation in Section 1.

Read Instructions for Completing Section 2

ⓘ 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 a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** **Citizenship/Immigration Status: 1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type ▾

⚠ If you select a List A document, no additional documents are required from List B or C ⓘ

Additional Information ⓘ

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 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

Planned Start Date

11/16/2024

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Completing Section 2

ABC Corporation [Details]

Documents inconsistent with the employee's status will be found at the bottom of the document list.

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Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

Read Instructions for Completing Section 2

ⓘ 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 a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Documents That Do Not Match Attestation (Further action will be needed.)

Alien Registration Receipt Card (Form I-551)

Permanent Resident Card (Form I-551)

Foreign Passport with Temp. I-551 MRIV

Foreign Passport with Temp. I-551 Stamp

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 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

Planned Start Date

11/18/2021

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Completing Section 2

Such documents cannot be selected. If the employee's status is incorrect have them edit their attestation on Section 1.

ABC Corporation [Details]

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Read Instructions for Completing Section 2

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 a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List A - Identity & Employment Authorization

Document Type

Alien Registration Receipt Card (Form I-551)

Error: Document is not valid for the employee's attestation type. Verify the attestation and document type selected.

Additional Information ?

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 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

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

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Completing Section 2

After selecting the Document Title(s), **View Sample Document** can be clicked to view an example of the document and where to locate the **Document Number**, **Expiration Date** and **Issuing Authority**.

LawLogix by Hyland ABC Corporation [Details]

Dashboard Start I-9 Employee ▾ E-Verify Reports

Read Instructions for Completing Section 2
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 the **Lists of Acceptable Documents**

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A

Section 2. Employer or Authorized Representative Review and Verification

List A - Identity & Employment Authorization

Document Type **view Sample Document**

U.S. Passport

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

No additional documents required from List B or List C

Issuing Authority
U.S. Department of State

Document Number

Expiration Date

LawLogix by Hyland

US Passport

Document Insights

- ✓ The U.S. Department of State issues the U.S. passport to U.S. citizens and noncitizen nationals.
- ✓ The U.S. Passport number, indicated below, usually contains nine numeric characters. There are a few versions of the U.S. Passport still in circulation that vary from the version shown. In some cases, a U.S. Passport number contains eight characters—one letter followed by seven numeric characters.



1 Issuing Authority 2 Document Number 3 Expiration Date

Completing Section 2

ABC Corporation (Details)



Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List A - Identity & Employment Authorization

[View Sample Document](#)

Document Type

U.S. Passport

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

✓ No additional documents required from List B or List C

Issuing Authority

U.S. Department of State

Document Number

123456789

Expiration Date

01/01/2025

Additional Information

Enter the **Document Number**, **Expiration Date**, and the **Issuing Authority** (if not pre-populated), for each supporting document.

Completing Section 2

Certain documents may not always have an expiration date. For such documents, use the provided **N/A** checkboxes, or manually enter N/A.

ABC Corporation [Details]



[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

Voter's registration card

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

 ? N/A

E-Verify Photo Confirmation ?

Additional Information ?

List C - Employment Authorization

[View Sample Document](#)

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

 ? N/A

Completing Section 2

ABC Corporation [Details]

LawLogix
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[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

Voter's registration card

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

?

N/A

E-Verify Photo Confirmation [?](#)

Additional Information [?](#)

List C - Employment Authorization

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

?

N/A

Attempting to enter List B/C information will automatically remove all List A information, and vice versa. This is by design, to avoid unnecessary over-documentation. Take care in only completing the required list(s).

Completing Section 2

ABC Corporation (Details)

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Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

US Driver's License


Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Expiration Date

E-Verify Photo Confirmation 

List C - Employment Authorization

[View Sample Document](#)

Document Type

Original or certified copy of US Birth Certificate


Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

  N/A

Additional Information 

Employees subject to E-Verify may only provide a List B document if it contains a photo. Click the checkbox to confirm the document contains a valid photo.

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Completing Section 2

ABC Corporation [Details]

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Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

US Driver's License

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Receipt: 12345678

Expiration Date

02/08/2022

Additional Information [?](#)

List C - Employment Authorization

[View Sample Document](#)

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

[?](#)

N/A

If the employee presents a receipt in lieu of an original document, select the **Replacement Receipt** checkbox. A 90 day expiration date will be automatically calculated.

Completing Section 2

ABC Corporation [Details]

LawLogix
by Hyland

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

Document Type

US Driver's License

Employee is presenting a receipt to show they applied to replace this lost, stolen or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Receipt: 12345678

Expiration Date

02/08/2022

Additional Information ?

List C - Employment Authorization

Top I-9s Needing Further Action

View Mine All

	Date I-9 Created	Employee Name	Reason	Date Expires	Days Left
●	12/21/2015	Johnson, Greg	No SS	05/04/2017	133
●	10/08/2015	Peterson, Julie	Receipt	03/22/2017	90
●	07/23/2015	Felix, James	No SS	12/04/2016	-18
●	07/10/2015	Walters, Sean	No SS	11/21/2016	-31

The employee will appear on the **Top I-9's Needing Further Action** dashboard panel. Their I-9 cannot be approved until the original document is presented. See the Receipt tutorial for additional information.

Completing Section 2

ABC Corporation [Details]

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Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Receipt: 12345678

Expiration Date

02/08/2022

Employee is presenting a receipt to show they applied to damaged document.

Issuing Authority

Document Number

Expiration Date

?

N/A

Additional Information ?

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 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

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

The **Additional Information** space may be used to include additional document(s) or information relating to employment authorization extensions for certain foreign national employees. The information entered will appear on the generated I-9 PDF.

Completing Section 2

Enter in the employee's first day of employment. Optionally, click **Use this date.**

ABC Corporation [Details]

LawLogix
by Hyland

02/08/2022

?

N/A

Additional Information ?

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 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

Choose Date

?



Planned Start Date

11/10/2021

Use this date

Title of Employer or Authorized Representative

Hr Manager

First Name of Employer or Authorized Representative

Stephanie

Last Name of Employer or Authorized Representative

Smith

Employer's Business or Organization Name

Educational Endeavors

Employer's Address (Street Number and Name)

7500 N. Elm St.

City or Town

Phoenix

State

AZ

Zip

85006

Go Back

Continue

[Table of Contents](#)

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Signing Section 2

Ensure the information in the Signature section is accurate. User and employer location information can be updated from the **My Settings** and **Administration** tabs, respectively, on the left-hand navigation menu.

ABC Corporation [Details]

LawLogix
by Hyland

02/08/2022

Additional Information ?

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 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

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

Title of Employer or Authorized Representative

Hr Manager

First Name of Employer or Authorized Representative

Stephanie

Last Name of Employer or Authorized Representative

Smith

Employer's Business or Organization Name

Educational Endeavors

Employer's Address (Street Number and Name)

7500 N. Elm St.

City or Town

Phoenix

State

AZ

Zip

85006

[Go Back](#)

[Continue](#)

Signing Section 2

Click the **Continue** button once Section 2 has been completed.

ABC Corporation [Details]

LawLogix
by Hyland

Announcements

Help ▾

Stephanie Smith ▾

Log Out

02/08/2022

?

N/A

Additional Information ?

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 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

Choose Date

?



Planned Start Date

11/10/2021

[Use this date](#)

Title of Employer or Authorized Representative

Hr Manager

First Name of Employer or Authorized Representative

Stephanie

Last Name of Employer or Authorized Representative

Smith

Employer's Business or Organization Name

Educational Endeavors

Employer's Address (Street Number and Name)

7500 N. Elm St.

City or Town

Phoenix

State

AZ

Zip

85006

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Signing Section 2

Read and accept the signature statement by clicking the **I Accept** checkbox, enter in your Guardian password (or SSO credentials) and click **Electronically Sign**.

ABC Corporation [Details]

LawLogix
by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

You're Not Done Just Yet!
Please review the information below and electronically sign Section 2 of Form I-9.

Section 2 Summary

Employee Name: **Robert Andrews**

Documents Presented: **US Driver's License** and **Original or certified copy of US Birth Certificate**

[View Section 2](#)

Electronic Signature of Stephanie Smith

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.

By checking this box, I attest that I have read, understood, and agree to the certification above, and consent to provide an electronic signature in connection with this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please enter your Password/SSO ID and click 'Electronically Sign' to complete your electronic signature.

Password or SSO ID

Electronically Sign

[Go Back](#)

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Document Retention

ABC Corporation [Details]

LawLogix
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Selected Document Upload

US Driver's License

Please upload an image of the document as required.

US Driver's License

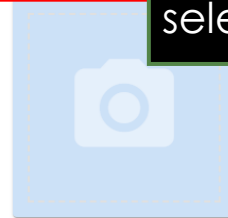


Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Original or certified

Please upload an image of the document as required.

Original or certified



Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Continue

Skip Document Upload

Don't have access to upload the documents just yet? That's ok, just skip this step and move forward. Documents can be uploaded at a later time.

[Skip Document Upload](#)

If **Document Retention** is required, click the image boxes to upload the employee's scanned document(s).

- OR -

If the document is **not** able to be uploaded at this time, indicate so by selecting the appropriate checkbox.

Document Retention

ABC Corporation [Details]

A thumbnail of the uploaded document will be displayed.

Selected Document Upload

US Driver's License

Please upload an image of the document as required.

US Driver's License



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Original or certified copy of US Birth Certificate

Please upload an image of the document as required.

Original or certified copy of US Birth Certificate



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Continue

Skip Document Upload

Don't have access to upload the documents just yet? That's ok, just skip this step and move forward. Documents can be uploaded at a later time.

Skip Document Upload

Document Retention

ABC Corporation [Details]



Click **Continue** once all documents requiring retention have been uploaded.

Selected Document Upload

US Driver's License

Please upload an image of the document as required.

US Driver's License



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Original or certified copy of US Birth Certificate

Please upload an image of the document as required.

Original or certified copy of US Birth Certificate



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Continue

Skip Document Upload

Don't have access to upload the documents just yet? That's ok, just skip this step and move forward. Documents can be uploaded at a later time.

Skip Document Upload

Document Retention

If the **Enforce Document Capture** Admin setting is set to **Yes** users will be taken directly to the completion step.

Click **Review the I-9** to check the I-9 for mistakes. When ready, click **Mark Completed**.

LawLogix by Hyland

Dashboard Start I-9 Employee

I-9 for Andrews, Robert

Details OnDocs Issues Amendments

I-9 Overview

This I-9 is ready for Completion.

Before clicking the **Mark Completed** button, you should **Review the I-9** for mistakes. Please carefully check the documents provided by the employee and compare them to the information on the form.

If there are mistakes in Section 1, go to [Section 1](#) and have the employee make the necessary changes.

If there are mistakes in Section 2, go to [Section 2](#) and make the necessary changes. Once completed, you or your authorized company representative can approve the form.

I-9 Information

I-9 No: **2,674,921 (Primary)** I-9 Location: **Branch 5678**
Type: **Electronic I-9** I-9 Hire Date: **09/30/2020**
Version: **3/17/20**
Expires:
Date Completed:
Date approved:
E-Verify
Employee is eligible for E-Verify

Form - Google Chrome
uat1.guardiandocuments.com/getdoc/6A466FC88B199D43B4B9697

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Section 1. Employee Information and Attestation (Employees must complete and sign this section before the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Andrews	First Name (Given Name) Robert	Middle Initial N/A	Other Last Names Used (if any) N/A
Address (Street Number and Name) 123 Elm St			
Apt. Number N/A	City or Town Phoenix	State AZ	ZIP Code 85022
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number 799-44-2857	Employee's E-mail Address N/A	Employee's Telephone Number N/A

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 boxes):

1. A citizen of the United States
 2. A noncitizen national of the United States (See instructions)
 3. A lawful permanent resident (Alien Registration Number/USCIS Number) **N/A**
 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): **N/A**
Some aliens may write "N/A" in the expiration date field. (See instructions)

Alien authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: **N/A**
OR
2. Form I-94 Admission Number: **N/A**
OR
3. Foreign Passport Number: **N/A**
Country of Issuance: **N/A**

Signature of Employee: **Electronically Signed by R. Andrews** Today's Date (mm/dd/yyyy) **09/21/2020**

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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	Today's Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)
Address (Street Number and Name)	
City or Town	State ZIP Code

of the form to validate
change.

Mark This I-9

Mark Completed

Complete & Approve the I-9

Prior to approving the I-9 click **Review the I-9** to check for mistakes, as well as compare to any uploaded supporting documents by clicking the PDF icons. Editing is locked after it has been approved.



Dashboard

Start I-9

Employee ▾

E-Verify

Reports

I-9 for Andrews, Robert

View Employee

Refresh

Update and Go Back

Update Info

Go Back

Delete

Details

OnDocs

Issues

Amendments

Approve I-9

Instructions

Please note:

You are about to approve this **Electronic I-9** for **Robert Andrews**.

By clicking the **Approve This I-9** button below you will be making sections 1 & 2 of this I-9 form permanent.

Please make sure you have reviewed the I-9 form completely before approving this submission. Compare the information provided to that of the original documents (if you still have them) or review the I-9 documents listed below (if any).

To view the completed I-9 form one last time, [Review the I-9](#).

Click the **Cancel** button below to return to the previous screen if you need to make changes or further review this I-9.



View
I-9

Employee is eligible for E-Verify.

Cancel

Approve This I-9

I-9 OnDocs

Date Created	Time Created	File Type	Subject Reference	File Size (KB)
09/21/2020	09:03:24	Adobe Acrobat	I9 #2674921 Snapshot [Mark Completed]	408.7
09/21/2020	08:59:25	Image/JPEG	U.S. Passport-Barcode Page	175.0
09/21/2020	08:58:04	Image/JPEG	U.S. Passport-ID Page	262.0

Complete & Approve the I-9



Dashboard

Start I-9

Employee ▾

E-Verify

Reports

I-9 for Andrews, Robert



Details

OnDocs

Issues

Amendments

Approve I-9

Instructions

Please note:

You are about to approve this *Electronic I-9* for **Robert Andrews**.

By clicking the **Approve This I-9** button below you will be making sections 1 & 2 of this I-9 form permanent.

Please make sure you have reviewed the I-9 form completely before approving this submission. Compare the information provided to that of the original documents (if you still have them) or review the I-9 documents listed below (if any).

To view the completed I-9 form one last time, [Review the I-9](#).

Click the **Cancel** button below to return to the previous screen if you need to make changes or further review this I-9.



View
I-9

Employee is eligible for E-Verify.

Cancel

Approve This I-9

I-9 OnDocs

Date Created	Time Created	File Type	Subject Reference	File Size (KB)
09/21/2020	09:03:24	Adobe Acrobat	I9 #2674921 Snapshot [Mark Completed]	408.7
09/21/2020	08:59:25	Image/JPEG	U.S. Passport-Barcode Page	175.0
09/21/2020	08:58:04	Image/JPEG	U.S. Passport-ID Page	262.0

When ready click **Approve This I-9**, which will “lock” the form. The I-9 cannot be edited after it has been approved, except by using the **Amendments** tool. Approval permissions may be restricted to only certain Guardian users.

Complete & Approve the I-9

Employees subject to **E-Verify** will be automatically submitted.

Dashboard


Start I-9

Employee ▾

E-Verify

Reports

E-Verify for: Robert Andrews

 **Submission in Progress**
A request was submitted to E-Verify and is waiting a response. It may take a few seconds to appear.

Case Verification Number: 2020265160517AG

E-Verify Summary

Case Status

Status: **Processing**

Initiated By: **Robert Reaume**

Initiated On: **09/21/2020**

Employee Information

First Name: **Robert**

Last Name: **Andrews**

Date of Hire: **09/30/2020**

Citizenship Status: **U.S. Citizen**

[View More Employee Information](#)

Document Information

Document Type: **U.S. Passport or Passport Card**

Document Number: **123456789**

Document Expiration: **01/01/2025**

[View OnDocs](#)

[Go Back](#)



What's next?

If an E-Verify case is submitted a variety of initial case statuses may be returned, including:

- Employment Authorized
- Tentative Non-Confirmation (TNC)
- Verification in Process

Please see the E-Verify tutorials for additional information on handling the different E-Verify case scenarios.

For Additional Assistance

- Select **Help** from the vertical toolbar to access other Guardian tutorials.
- For additional assistance contact your in-house Guardian expert.

Confidential User Guide

Please do not distribute this document outside of your organization without our written permission.

Thank you.