



Guardian I-9 Processing for Employees Without Social Security Numbers

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FAQ

➤ **Can an I-9 be timely completed for an individual who does not yet have a Social Security Number (SSN)?**

Yes, Guardian is configured to allow for I-9 completion if the employee does not have or will not provide a social security number.

➤ **How is the E-Verify process affected by this?**

E-Verify requires a social security number in order to initiate a case. When an employee begins work without an SSN Guardian provides for the timely completion of the I-9 and queues up the information for submission to E-Verify, but no case is created in E-Verify until the SSN is provided.

FAQ

➤ Does the I-9 need to be updated if the organization does not subscribe to E-Verify?

No, the social security number field in Section 1 of the I-9 is not a required field *unless* the organization is enrolled in E-Verify.

➤ What administrative considerations must be made with regards to SSN updating?

Through the Administrative module, organizations can control the updating of Section 1 information, restricting or allowing Section 1 updates to be completed by the employee and/or the Guardian user. For more information about amendment settings see the *Electronic Amendments & Exemptions Administrative Setup* tutorial.

How do I begin?

Guardian provides a variety of I-9 workflows to meet the needs of your organization, and as such there are multiple ways in which an I-9 can be completed for an employee without an SSN. These workflows include:

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

Please see the related tutorials for guidance on a specific workflow.

Section 1 without E-Verify



If the hiring location is not participating in E-Verify the **Social Security Number** field is optional and can be left blank.

08



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

Language: English

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE.** Read [instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 ⓘ N/A <input checked="" type="checkbox"/> N/A	Other Last Names Used (if any) ⓘ N/A <input checked="" type="checkbox"/> N/A
Address (Street and Number and Name) ⓘ 123 Elm		Apt Number ⓘ N/A <input checked="" type="checkbox"/> N/A	City or Town ⓘ Phoenix	State ⓘ AZ	Zip Code ⓘ 85201
Date of Birth (mm/dd/yyyy) ⓘ Mar 5 1977	U.S. Social Security No. ⓘ <input type="text"/>		Employee's E-mail Address ⓘ N/A <input checked="" type="checkbox"/> N/A	Employee's Telephone Number ⓘ N/A <input checked="" type="checkbox"/> 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):

- 1. A citizen of the United States ⓘ
- 2. A noncitizen national of the United States (See [instructions](#)) ⓘ

Section 1 with E-Verify



If the hiring location is participating in E-Verify, an **Awaiting Issuance of SSN** option will be available. Employees can select this if they have applied for, but not yet received, their Social Security Number.

08



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

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

► **START HERE.** Read [instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <small>(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.)</small>					
Last Name (Family Name) ⓘ Doe		First Name (Given Name) ⓘ Jane		Middle Initial ⓘ N/A <input checked="" type="checkbox"/> N/A	Other Last Names Used (if any) ⓘ N/A <input checked="" type="checkbox"/> N/A
Address (Street and Number and Name) ⓘ 123 Elm		Apt Number ⓘ N/A <input checked="" type="checkbox"/> N/A	City or Town ⓘ Phoenix	State ⓘ AZ	Zip Code ⓘ 85201
Date of Birth (mm/dd/yyyy) ⓘ Mar 5 1977	U.S. Social Security No. ⓘ <input type="text"/>		Employee's E-mail Address ⓘ N/A <input checked="" type="checkbox"/> N/A		Employee's Telephone Number ⓘ N/A <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Awaiting Issuance of SSN ⓘ					

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):

- 1. A citizen of the United States ⓘ
- 2. A noncitizen national of the United States (See [instructions](#)) ⓘ

Completing Section 1

read, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury that the information you provide is true and correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for making false statements or using false documentation when completing this form.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the checkboxes.

- First Name** Robert
- Last Name** Andrews
- Date Of Birth** 01/01/1969

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement:

I consent to provide an electronic signature in connection with this Form I-9 and understand that by verifying my information above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'Electronically Sign' button, I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed the form.

I Accept

Step 3: Please select a signature question from the dropdown list, provide an answer, and click 'Electronically Sign'. The question selected should call for information that you have committed to long-term memory and is not easily guessed. The question and answer may be presented to the Department of Homeland Security in the event of an audit as proof of document.

Question: What is the name of the first major city you visited? ▼

Answer: New York

Electronically Sign

Sign

Employee or preparer/translator completes Section 1. Employee is prompted to provide a memorable answer to the signature question (or enter a 4-digit PIN), and clicks **Electronically Sign**.

Note: Responses are not validated, and will not be referenced or reused during any subsequent employee signatures. However, all responses are recorded, and can be provided in the event of an audit.

Completing Section 2

Employer completes Section 2. Please see the Section 2 tutorial for additional information on this process.

Guardian

I-9 and E-Verify Compliance System



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Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the identity and employment document that the employee has provided. Find the corresponding document in one of the lists below. You will need to select either an item from List A or items from both List B and List C and record the required information.

09

Section 2. Employer or Authorized Representative Review and Verification

(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Doe	Jane	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title View Sample Document Foreign Passport and I-94/I-94A <input type="checkbox"/> Replacement Receipt <input type="checkbox"/> Employee Qualifies for H-1B Portability		Document Title <input type="text"/>		Document Title <input type="text"/>
Issuing Authority CHILE		Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>
Document Number 12345678901 <i>Foreign Passport Number</i>		Document Number <input type="text"/>		Document Number <input type="text"/>
Expiration Date (if any)(mm/dd/yyyy) 01/01/2025 <i>The expiration date on this field must be recorded, and not expired.</i>		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>
Document Title				

Completing Section 2

Employer reads and accepts the signature statement by clicking the **I Accept** checkbox, enters in their Guardian password (or SSO credentials) and clicks **Electronically Sign**.

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Signature of Employer or Authorized Representative		Date (mm/dd/yyyy):	
Last Name of Employer or Authorized Representative Reaume		First Name of Employer or Authorized Representative Robert	
Employer's Business or Organization Address (Street Number and Name) 123 Elm		City or Town Phoenix	
		State AZ	Zip 85201

Electronic Signature

The person who physically examines the employee's original document(s) and completes this Section 2 must electronically sign as indicated below. By signing Section 2 of this Form I-9, you attest under penalty of perjury that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States.

Please read the following statement, select "I Accept" to acknowledge your agreement, and enter your Password/SSO ID to electronically sign this section 2:

I consent to provide an electronic signature in connection with this Form I-9 and understand that by typing my system Password/SSO ID below and by clicking on "I Accept" and clicking on the "Electronically Sign" button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

I Accept ⓘ

Password: ⓘ

..... **Electronically Sign**

Go Back

Document Retention

If **Document Retention** is required, click the **Upload Document** button 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.

- Guardian
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- E-Verify
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Document Retention Required

Our Organization maintains copies of the documents provided by the employee provided.

Note: Document uploads are limited to 5 MB.

Foreign Passport and I-94/I-94A

Please upload this document

Upload Document

Confirmation

Copies of the document(s) specified above must be retained to meet I-9 and/or E-Verify compliance requirements. However, if you are unable to upload the documentation at this moment, please select the checkbox below in order to proceed. The I-9 process will remain incomplete.

No, I am unable to upload document copies at this time.

Foreign Passport and I-94/I-94A

Please upload this document

Upload Document

Confirmation

Copies of the document(s) specified above must be retained to meet I-9 and/or E-Verify compliance requirements. However, if you are unable to upload the documentation at this moment, please select the checkbox below in order to proceed. The I-9 process will remain incomplete.

No, I am unable to upload document copies at this time.

Proceed

Document Retention

After clicking **Upload Document**, click **Select File** to locate the supporting document(s).

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Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

Select File

Close

Confirmation

Copies of the document(s) specified above must be retained to meet I-9 and/or E-Verify compliance requirements. However, if you are unable to upload the documentation at this moment, please select the checkbox below in order to proceed. The I-9 process will remain incomplete.

No, I am unable to upload document copies at this time.

Proceed

Document Retention

From the browse window, select the appropriate file and click the **Open** button.

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Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

Select File

Open

Robert Reaume > Google Drive > Guardian > Docs

Organize New folder

Quick access

- Desktop
- Downloads
- Documents
- Pictures
- Google Drive
- Guardian Tutorial
- Guardian
- EDGE
- Video Projects
- Docs
- Received Sheets
- Robert
- Sent
- Box Sync
- Dropbox
- This PC

10-13-15 Jane Doe Archival I-9.pdf

AS passport card.jpg

birth certificate - Copy - Copy.jpg

birth certificate - Copy.jpg

Birth Certificate with number - Copy.jpg

Birth Certificate with number.jpg

birth certificate.jpg

Chile Passport.jpg

China Passport.jpg

desktop.ini

DHS_TNC.jpg

Drivers License Receipt - Copy - Copy.jpg

Drivers License Receipt - Copy.jpg

Drivers License Receipt.jpg

File name: Chile Passport.jpg

Open Cancel

Close

Foreign Pa

Confirmation

Copies of the docu
unable to upload t
incomplete.

No, I am unabl

However, if you are
process will remain

Proceed

Document Retention

The file name of the selected document will appear in the window. Click the **Upload** button.

Guardian

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Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

Select File Chile Passport.jpg

Upload

Close

Confirmation

Copies of the document(s) specified above must be retained to meet I-9 and/or E-Verify compliance requirements. However, if you are unable to upload the documentation at this moment, please select the checkbox below in order to proceed. The I-9 process will remain incomplete.

No, I am unable to upload document copies at this time.

Proceed

Document Retention

Click the **Close** button after the file has been successfully uploaded.

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Upload File [Close]

The file has been sent.

Foreign Passports

Please upload this document

Upload Document

Confirmation

Copies of the document(s) specified above must be retained to meet I-9 and/or E-Verify compliance requirements. However, if you are unable to upload the documentation at this moment, please select the checkbox below in order to proceed. The I-9 process will remain incomplete.

No, I am unable to upload document copies at this time.

Proceed

Document Retention

Guardian

I-9 and E-Verify
Compliance System



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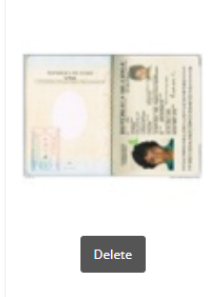
Document Retention Required

Our Organization maintains copies of the documents provided by the employee. Please upload a legible copy of the document employee provided.

Note: Document uploads are limited to 5 MB.

Foreign Passport and I-94/I-94A

The document has been uploaded



Upload Document

Confirmation

Thank you for providing the required documentation.

Proceed

A thumbnail of the uploaded document will be displayed for image file types (i.e., JPG files). Thumbnails will not be displayed for uploaded PDF files.

If additional files need to be retained, click the **Upload** button and repeat the previous upload steps.

Otherwise, click **Proceed**.

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**.

Guardian

I-9 for Doe, Jane

I-9 and E-Verify Compliance System

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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 original documents.

If there are mistakes in Section 1, go to **Section 1** and have the employee make these changes.

If there are mistakes in Section 2, go to **Section 2** and make the necessary corrections. Once completed, you or your authorized company representative can approve the form.


I-9

I-9 No: **2,162,893 (Primary)** Version: **8/23/17**
Type: **Electronic I-9** Expires: **01/01/2019**
Date Completed: **02/22/2018**
Date approved:

E-Verify

Employee is eligible for E-Verify

Print Center

 [View I-9](#)

Form - Google Chrome

Secure |

Employment Department U.S. Citizenship and Immigration Services

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)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)
Doe	Jane	N/A	N/A

Address (Street Number and Name)	Apt. Number	City or Town	State	ZIP Code
123 Elm St	N/A	Phoenix	AZ	85201

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
03/05/1977	N/A	N/A	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): **01/01/2019**
Some aliens may write "N/A" in the expiration date field. (See instructions)

OR Code - Section 1
Do Not Write in This Space

Aliens 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: 12345678900
OR
3. Foreign Passport Number: N/A
Country of Issuance: N/A

Signature of Employee: **Electronically Signed by J. Doe** Today's Date (mm/dd/yyyy): **02/22/2018**

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 changes.


[Park This I-9](#)

[Mark Completed](#)















Document Retention

If the **Enforce Document Capture** Admin setting is set to **No**, click the confirmation **checkbox**.

Proceed with the completion process, as shown on the previous slide.


Guardian  **I-9 for Doe, Jane**

I-9 and E-Verify Compliance System

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I-9 Overview

I-9

 I-9 No: **2,162,893 (Primary)** Version: **8/23/17**
Type: **Electronic I-9** Expires: **01/01/2019**
Date Completed:
Date approved:

[Park This I-9](#)


Section 2

 **Doe, Jane** Signed: **Robert Reaume**
Hired: 12/02/2018 02/22/2018 @ 08:29:01

[View Section 2](#)

Foreign Passport and I-94/I-94A Note: Document Retention Required.

[Upload Document](#)

Documents  [\[Enlarge\]](#)

I confirm that the appropriate supporting document has been scanned and uploaded to the employee's OnDocs record.

Print Center

Approving the I-9

Prior to Approving the I-9 you have one last chance to click **Review the I-9** to check the I-9 for mistakes, as well as compare the I-9 to any uploaded supporting documents.

acme®



I-9 for Doe, Jane

I-9 and E-Verify Compliance System



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Details

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Approve I-9

Instructions

Please note:

You are about to approve this **Electronic I-9** for **Jane Doe**.

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)
12/02/2016	11:26:43	Adobe Acrobat	I9 #184785 Snapshot [Mark Completed]	157.7
12/02/2016	11:26:38	Image/jpeg	U.S. Passport or Passport Card	111.0

Approving the I-9

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.



I-9 for Doe, Jane

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Details OnDocs Issues Amendments

Approve I-9

Instructions

Please note:

You are about to approve this **Electronic I-9** for **Jane Doe**.

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)
12/02/2016	11:26:43	Adobe Acrobat	I9 #184785 Snapshot [Mark Completed]	157.7
12/02/2016	11:26:38	Image/jpeg	U.S. Passport or Passport Card	111.0

Approving without E-Verify

If not subject to E-Verify nothing else must be done.

The I-9 was Approved.

acme®



I-9 for Doe, Jane

I-9 and E-Verify Compliance System

[View Employee](#)

[Refresh](#)

[Update and Go Back](#)

[Update Info](#)

[Go Back](#)



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I-9 Overview

I-9



I-9 No: **184,791 (Primary)**

Version: **11/14/16**

Type: **Electronic I-9**

Expires:

Date Completed: **12/02/2016**

Date approved: **12/02/2016**

Employee Information



Doe, Jane

Hired: 12/05/2016

[Edit Date](#)

[View Employee](#)

Section 1



Doe, Jane

Signed: **Jane Doe**
12/02/2016 @ 11:55:54

[View Section 1](#)

Preparer/Translator



No Assistance Provided

Signed:

[View Prep](#)

Section 2



Doe, Jane

Signed: **Robert Reaume**

[View Section 2](#)

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Approving with E-Verify

If subject to E-Verify, the I-9 will not yet be submitted as a Social Security Number is required.

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- Overview
- E-Verify Status
- Close Case
- Manual Processing

Case is not Ready for E-Verify

This case was not yet submitted to E-Verify because the employee's Social Security Number, which is required by E-Verify, was not entered on the Form I-9 or is invalid.

In order to continue, the I-9 needs to be amended with a valid Social Security Number. If you do not wish to amend the existing I-9, you may choose to create a new I-9, or cancel this E-Verify request.

Please perform one of the steps outlined below:

I. Amend the I-9

Current Social Security Number on I-9:
Social Security Number in Employee's File:

To process this request: [Amend this I-9](#) I-9 will be sent to E-Verify immediately

II. Resolve this E-Verify Request without amending the I-9.

If you choose not to amend the I-9, please resolve the E-Verify request by choosing one of the following options:

[Create New I-9](#)

Click to cancel the E-Verify Request and be directed to the One Minute I-9 page to create a new I-9 for this employee.

[Cancel E-Verify Submission](#)

Click to cancel this E-Verify request. The employee's I-9 will be displayed on the Dashboard under Top I-9s Needing Further Action and can be resubmitted to E-Verify at a later time.

I-9s Needing Further Action

acme® Dashboard: Employee Group Location

I-9 and E-Verify Compliance System **Top I-9s Needing Further Action** Top Pen

Date I-9 Created	Employee Name	Reason	Date Expires	Days Left
12/02/2016	Doe, Jane	No SS	01/01/2017	30

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While waiting for the Employee to provide their SSN, the **Top I-9s Needing Further Action** Dashboard Panel is useful in monitoring I-9's missing an SSN that are subject to E-Verify.

I-9s Needing Further Action

The **Days Left** deadline is customizable from the Administration options.



Dashboard: Employee Group Location

I-9 and E-Verify Compliance System

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Top I-9s Needing Further Action

Date I-9 Created	Employee Name	Reason	Date Expires	Days Left
12/02/2016	Doe, Jane	No SS	01/01/2017	30

Top Pending Tasks

No Pending Tasks

I-9s Needing Further Action

acme Dashboard: Employee Group Location

I-9 and E-Verify Compliance System

Top I-9s Needing Further Action

Date I-9 Created	Employee Name	Reason	Date Expires	Days Left
12/02/2016	Doe, Jane	No SS	01/01/2017	30

Navigation menu: Dashboard, Start I-9, E-Verify, Reports, Employees, I-9 Forms, Tasks, Charts & Graphs, Announcements, Help, My Settings, Administration, Logout

Once the employee has provided their SSN, open their I-9 by clicking the **Date I-9 Created** from the Dashboard, or by searching for the employee's I-9 from the **Employees** or **I-9 Forms** tab on the left.

Amending the I-9

From the employee's **E-Verify** tab, click **Manual Processing** and select **Amend this I-9** to add the employee's SSN.

Case is not Ready for E-Verify

This case was not yet submitted to E-Verify because the employee's Social Security Number, which is required by E-Verify, was not entered on the Form I-9 or is invalid.

In order to continue, the I-9 needs to be amended with a valid Social Security Number. If you do not wish to amend the existing I-9, you may choose to create a new I-9, or cancel this E-Verify request.

Please perform one of the steps outlined below:

I. Amend the I-9

Current Social Security Number on I-9:
Social Security Number in Employee's File:

To process this request: **Amend this I-9** I-9 will be sent to E-Verify immediately

II. Resolve this E-Verify Request without amending the I-9.

If you choose not to amend the I-9, please resolve the E-Verify request by choosing one of the following options:

Create New I-9


Click to cancel the E-Verify Request and be directed to the One Minute I-9 page to create a new I-9 for this employee.

Cancel E-Verify Submission

Click to cancel this E-Verify request. The employee's I-9 will be displayed on the Dashboard under Top I-9s Needing Further Action and can be resubmitted to E-Verify at a later time.

Amending the I-9

From the **Amendments** tab, click the **Add** button at the top-right to amend the I-9.

acme®  I-9 for Doe, Jane

I-9 and E-Verify Compliance System

View Employee Refresh Update and Go Back Update Info Go Back

Details OnDocs Issues **Amendments**

I-9 Amendments

Refresh Show Special Amendment Options View I-9 Actions Adjust I-9 **Add**

Data Field	Original Value	Amended Value	Note of Record	Modified By	Approved By
No Amendments (1)					

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Amending the I-9


Click **Section 1** to view the available fields.

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I-9 for Doe, Jane

Amend I-9

Go Back Edit Field

Section	Field to Amend	Current Value
 Section 1	Last Name	Doe
	First Name	Jane
	Middle Initial	N/A
	Other Names Used	N/A
	Street Address	123 Elm
	Apt Number	N/A
	City	Phoenix
	State	AZ
	Zip Code	85201
	Date of Birth	03/05/1977
	Social Security Number	
	E-mail Address	N/A
	Telephone Number	N/A
	Alien Number	N/A
	Work Until Date	12/06/2018
	I-94 Admission Number	N/A
	Foreign Passport Number	12345678901
	Foreign Passport Country	CHILE
	Emp Date Signed	12/06/2016
	Translator's Last Name	
	Translator's First Name	
	Translator's Address	

By Approved By

Amending the I-9

Double-click the **Social Security Number** field, or use the **Edit Field** button.

acme® I-9 for Doe, Jane

I-9 and E-Verify Compliance System

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Amend I-9

Go Back Edit Field

Section	Field to Amend	Current Value
Section 1	Last Name	Doe
	First Name	Jane
	Middle Initial	N/A
	Other Names Used	N/A
	Street Address	123 Elm
Section 2	Apt Number	N/A
	City	Phoenix
	State	AZ
	Zip Code	85201
	Date of Birth	03/05/1977
	Social Security Number	
	E-mail Address	N/A
	Telephone Number	N/A
	Alien Number	N/A
	Work Until Date	12/06/2018
I-94 Admission Number	N/A	
Foreign Passport Number	12345678901	
Foreign Passport Country	CHILE	
Emp Date Signed	12/06/2016	
Translator's Last Name		
Translator's First Name		
Translator's Address		

Amending the I-9

If permitted by your Administration settings, enter the employee's SSN in to the **New Value** field. A field can only be amended once, so take care in entering the correct value.

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I-9 for Doe, Jane

Amend I-9

I-9 Amendments

Data Field	Original Value	Amended
No Amendments (1)		

Amend I-9 for Doe, Jane

Go Back Create Amendment Create Amendment and Add Another

Section 1

Field Name **Social Security #**

Old Value

Create for Employee (check to have employee make the change)

Strike-out Original Value

New Value

Note of Record

Actions Adjust I-9 Add

By Approved By

Amending the I-9

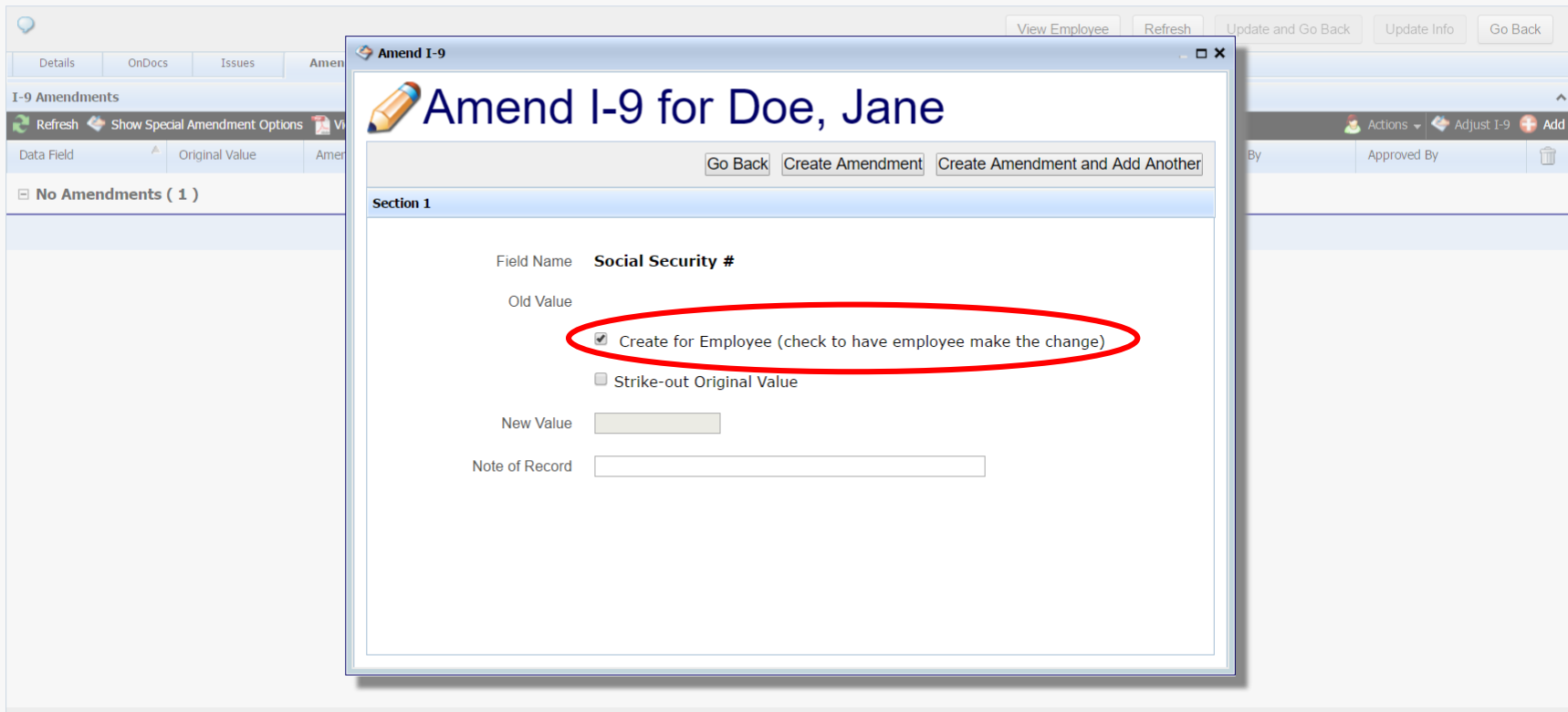
Alternatively, select **Create for Employee** to have the employee enter their SSN themselves.

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I-9 for Doe, Jane

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The screenshot shows the 'Amend I-9' form for Jane Doe. The form is titled 'Amend I-9 for Doe, Jane' and includes a pencil icon. It has a navigation bar with 'Go Back', 'Create Amendment', and 'Create Amendment and Add Another' buttons. The form is divided into sections, with 'Section 1' currently visible. Under 'Section 1', there is a 'Field Name' of 'Social Security #'. Below this, there is an 'Old Value' field. A red circle highlights the 'Create for Employee (check to have employee make the change)' checkbox, which is checked. Below this is an unchecked 'Strike-out Original Value' checkbox. There is a 'New Value' input field and a 'Note of Record' input field. The background shows a sidebar with navigation options and a table with columns for 'Data Field', 'Original Value', and 'Amended Value'. The table currently shows 'No Amendments (1)'.

Amending the I-9

Click **Create Amendment**.

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I-9 for Doe, Jane

View Employee Refresh Update and Go Back Update Info Go Back

Amend I-9

Amend I-9 for Doe, Jane

Go Back **Create Amendment** Create Amendment and Add Another

Section 1

Field Name **Social Security #**

Old Value

Create for Employee (check to have employee make the change)

Strike-out Original Value

New Value

Note of Record

By Approved By

Amending the I-9

If the employee is present select **Employee Approve Section 1** from the **Actions** dropdown.
Alternatively, **Notify Employee by E-Mail** can be used to allow remote approval.

I-9 for Doe, Jane

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Details OnDocs Issues **Amendments**

I-9 Amendments

Refresh Show Special Amendment Options View I-9

Data Field	Original Value	Amended Value	Note of Record	Modified By
Section 1 (1)				
(I) Social Security #		799-54-8745		Reaume, Robert 12/02/2016 @ 14:34:28

Actions Adjust I-9 Add

- Notify Employee by E-Mail
- View/Send Employee Approval Notes
- Employee Approve Section 1
- Approve section 1
- Approve Non Section 1 Amendments

Amending the I-9

Training G2 Test Company

New Value:

One or more items in Section 1 of your I-9 form are believed to be incorrect, out of date, or entered in error. As a result, the form is being reviewed or you have proposed changes entered.

Please enter or confirm the correct information in each New Value field to amend your current I-9.

This will take less time than asking you to fill out a completely new I-9 form.

I-9 Section 1 Amendments

Data Field	Original Value	New Value	Reason	Modified By	Approval
[1] Social Security #		<input type="text" value="799-54-8745"/>		Reaume, Robert	<input checked="" type="checkbox"/> I Approve

If a proposed change above is not needed because the value is already correct, please let the HR know by entering a comment in the 'Approval Comments' field below. Once all changes/confirmations are complete click the "Check Issues" button below to verify the changes.

Approval Comments

Approve Amendments

Once all issues are addressed, click 'I Approve' next to each item above, then click the 'Electronically Sign Amendments' button below to finalize your updates.

Whether accessed remotely or in-person, the employee will verify their SSN, making any needed adjustments, check **I Approve**, then click **Electronically Sign Amendments**.

Amending the I-9

The employee will make the required attestation, select a signature question, enter a memorable answer (or a 4-digit PIN, if prompted) and click **Electronically Sign**.

Electronic Signature

You, the employee, must approve the changes you made above by electronically signing this amendment to your Form I-9 under penalty of perjury that the information you provided is complete, true and correct.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the checkbox next to each item.

- First Name **Jane**
- Last Name **Doe**
- Date Of Birth **01/01/1990**

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement:

I consent to provide an electronic signature in connection with this Form I-9 amendment and understand that by verifying my name and date of birth in Step 1 above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'Electronically Sign' button, that I am electronically signing this amendment to the Form I-9, and recording my initials and today's date next to each amended entry. I understand that my electronic signature will be binding as though I had physically initialed and dated this document by hand.

I Accept

Step 3: Please select a signature question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. The question selected should call for information that you have committed to long-term memory and is not easily guessed or researched. Please note that the question and answer may be presented to the Department of Homeland Security in the event of an audit as proof that you have electronically signed this document.

Question: What is the name of the first major city you visited?

Answer: New York

Electronically Sign

Submitting to E-Verify

The **Approved By** column will update to reflect when and who approved the amendment. Click the I-9 **Details** tab to return to the I-9.

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I-9 and E-Verify
Compliance System

I-9 for Doe, Jane

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Details OnDocs Issues Amendments

I-9 Amendments

Refresh Show Special Amendment Options View I-9 Actions Adjust I-9 Add

Data Field	Original Value	Amended Value	Note of Record	Modified By	Approved By
Section 1 (1)					
(I) Social Security #		799-54-8745		Doe, Jane 12/02/2016 @ 15:18:56	Doe, Jane 12/02/2016 @ 15:18:56

Submitting to E-Verify

Click **View E-Verify**.

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I-9 for Doe, Jane

I-9 and E-Verify
Compliance System

[View Employee](#)

[Refresh](#)

[Update and Go Back](#)

[Update Info](#)

[Go Back](#)

[Details](#)

[OnDocs](#)

[Issues](#)

[Amendments](#)

I-9 Overview

E-Verify needs attention.

Section 1



Doe, Jane

Signed: **Jane Doe**
12/02/2016 @ 11:22:35

[View Section 1](#)

E-Verify



Not Ready: Required Information Missing

[View E-Verify](#)

Print Center



[View I-9](#)



[Employee Receipt](#)



[Preparer/Translator Receipt](#)



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Submitting to E-Verify

The amended SSN should now appear on the **Manual Processing** tab. Click **Submit to E-Verify**.

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I-9 and E-Verify Compliance System

E-Verify for Doe, Jane 8316 Show All

Overview **E-Verify Status** **Close Case** **Manual Processing**

Case is Ready for E-Verify

This case was not yet submitted to E-Verify because the employee's Social Security Number, which is required by E-Verify, was not entered on the Form I-9 or is invalid.

The I-9 has been amended, and is now ready to be submitted to E-Verify.

I. Submit to E-Verify

Current Social Security Number on I-9: **799-54-8745**
Social Security Number in Employee's File:

Send to E-Verify: **Submit to E-Verify**

Go Back View I-9 View Employee

Created: 12/02/2016 @ 11:30:29 E-Verify Demo Service is Unknown

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Submitting to E-Verify

The amended I-9 will now submit to E-Verify with the employee's SSN.

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E-Verify for Doe, Jane

8323 Show All

Overview | E-Verify Status | Close Case

 E-Verify Interaction Pending

A request with the CPS E-Verify system is in the queue. This screen will update every 15 seconds until the request has been fulfilled.

E-Verify Current Status

Status:	E-Verify in Process
On Hold Until:	
CPS E-Verify Status:	prcv - 1st Initial Verification
Last Submission:	
Last Status:	-
Last Eligibility:	-
Next Scheduled Submission:	12/02/2016 @ 15:52:50
Last Followup Status:	-

Initial Verification (Data Sent)

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security No: ***-**-****	Date of Birth: **/**/****
Hire Date:	Citizenship Status: -
Alien No:	I-94 No:
Document Type:	Document Expiration:
Passport No:	Visa No:
Card No:	
Overdue Reason:	

Initial Verification Results

Last Name:	First Name:
Initial Eligibility:	Case Verification No:
Initiated by:	Initiated on:
Potentially Naturalized:	Photo Confirmation:

SSA Resubmittal Results

Submitting to E-Verify

If the E-Verify submission is late, select **Awaiting Social Security Number** as the reason, then click **Resubmit Late Inquiry**.

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E-Verify for Doe, Jane

56558

Overview | E-Verify Status | Close Case | **Manual Processing**

E-Verify requires new employees to be submitted within 3 days of being hired.

Jane Doe was hired on **11/07/2016** as specified by the I-9, and submitted to E-Verify on **12/02/2016** and was rejected by E-Verify.

Please specify the reason that this employee's submission is overdue by selecting one of the options below. You can choose to select "Other", which will require you to enter a specific reason, up to 200 characters.

Reason for Late Submission to E-Verify

- Awaiting Social Security Number
- Technical Problems
- Audit Revealed that New Hire Was Not Run
- Federal Contractor with E-Verify Clause verifying an existing employee
- Other (Specify Reason Below - Required)

(200 chars max)

Resubmit Late Inquiry Click this button to resubmit this employee to E-Verify

[Go Back](#) [Refresh Overview](#) [View I-9](#) [View Employee](#)

Created: 12/02/2016 @ 16:20:47 E-Verify Demo Service is Unknown

What's next?

Once the 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.