

Remote Section 3

Table of Contents

1.	Adding a Remote Section 3	5
2.	Completing a Remote Section 3	.14
3.	Retaining Document Copies	.2 <i>6</i>
4.	Approving a Remote Section 3	.3 <i>ŧ</i>

Remote Section 3

When is Section 3 used?

In general, I-9 Section 3 is used to document work authorization reverification and/or an employee rehire. Users should defer to their organization's policy regarding Section 3 usage.

> When would I need to create a Remote Section 3?

When Section 3 is used to document work authorization an authorized representative of the employer must physically inspect the employee's updated documentation establishing work authorization. If you are unable to meet with the employee in-person for this process you may wish to create a **Remote**Section 3 and have a different authorized representative, referred in Guardian as a **Remote Agent**, act on your behalf to inspect the employee's document and complete Section 3.

Remote Section 3

Who can act as a remote agent?

DHS permits employers to designate authorized representatives to complete Forms I-9 on their behalf, such as personnel officers, foremen, agents or notary public, etc. DHS does not require the representatives to have any specific agreements or other documents.

What if the Remote Agent makes a mistake?

Employers are still liable for any I-9 violations when a Remote Agent is utilized. If mistakes are caught after the Section 3 is approved, they may be corrected by use of the Guardian **Amendments** tool, or a new Section 3 could be completed for the employee.

Open the **I-9** record of the employee needing a Section 3.

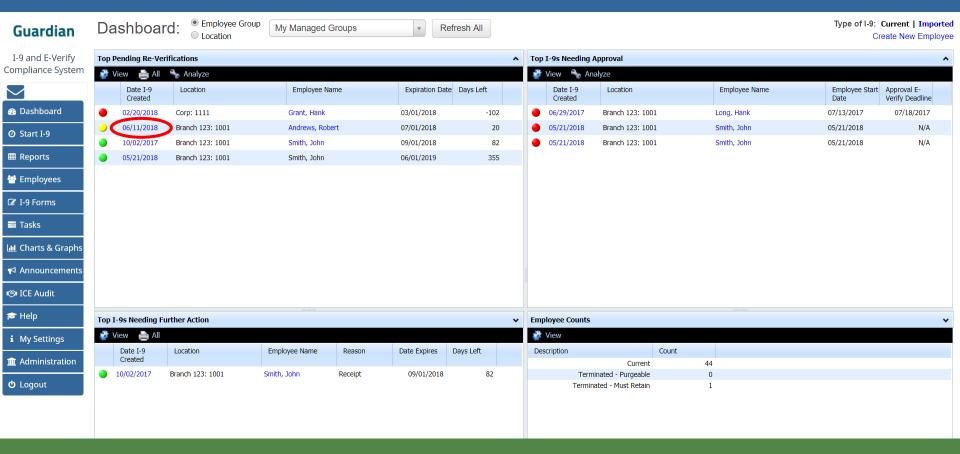
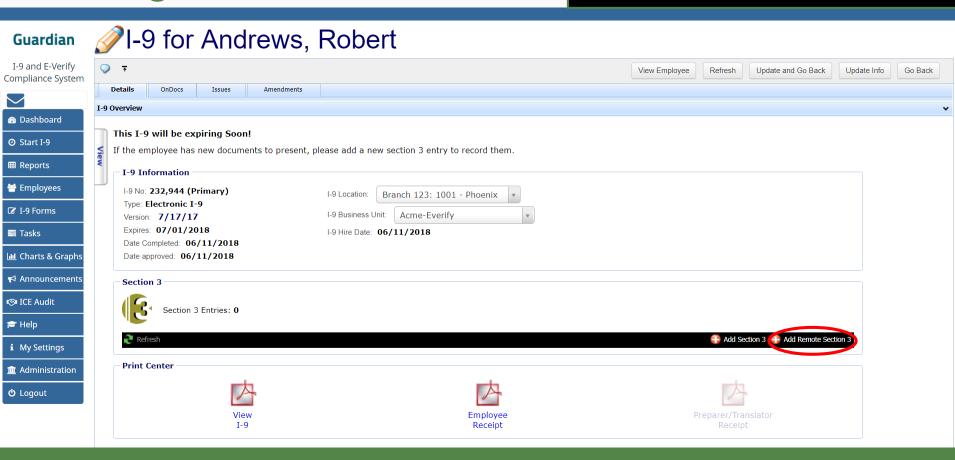


Table of Contents

Click Add Remote Section 3.



If needed, edit the **Organization Contact** that the employee or agent should contact should they have questions.

Guardian

I-9 and E-Verify Compliance System



■ Reports

Employees

☑ I-9 Forms

■ Tasks

Ⅲ Charts & Graphs

← Announcements

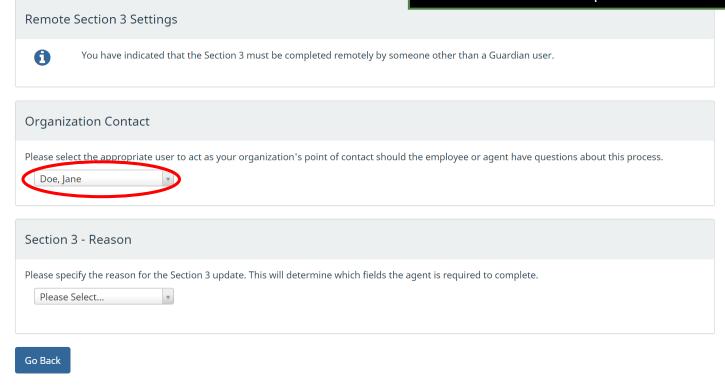
© ICE Audit

≈ Help

i My Settings

m Administration

O Logout



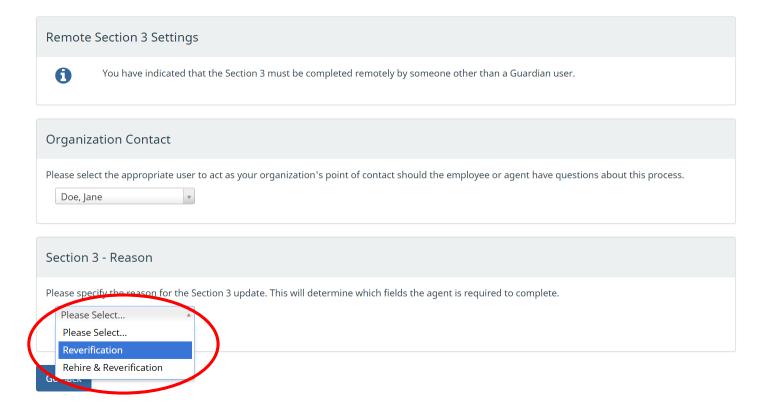
Select the reason for the **Section 3**.

Guardian

I-9 and E-Verify Compliance System



U Logout



Click Add Remote Section 3.

Guardian

I-9 and E-Verify Compliance System



Lill Charts & Graphs

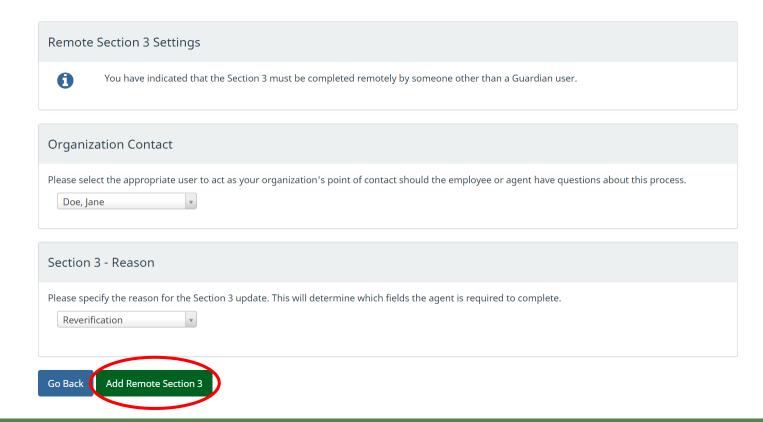
★ Announcements

r Help

i My Settings

m Administration

O Logout

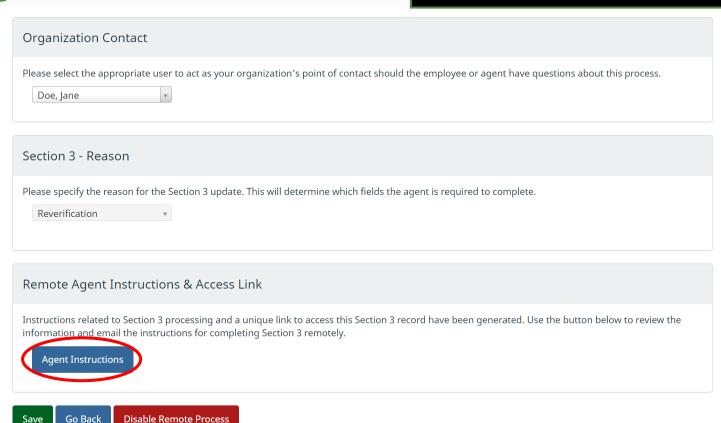


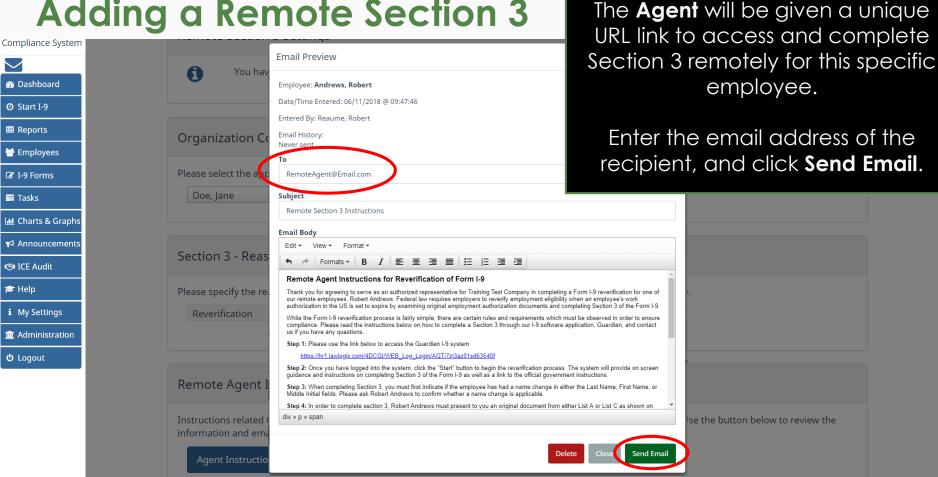
Click Agent Instructions.

Compliance System



b Logout





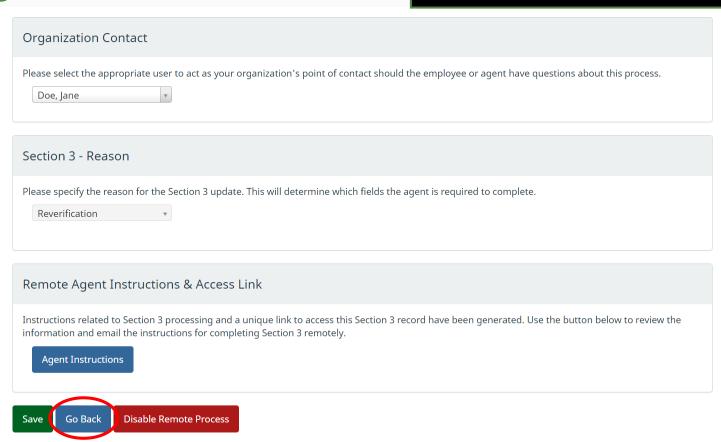
Click **Go Back** to return to the employee's I-9 record.

Compliance System



▲ Administration

i My Settings



If needed, the Remote Section 3 settings may be adjusted, or the instruction email resent, by clicking the **Edit** link.



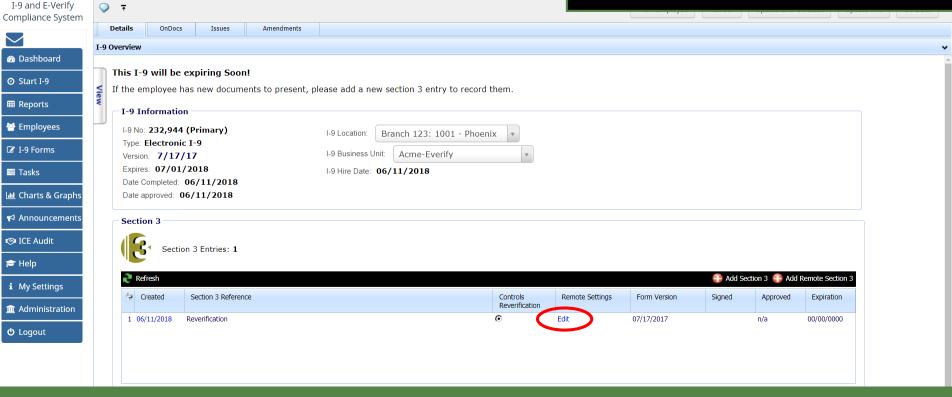


Table of Contents

Dashboard

O Start I-9

■ Reports

Employees

☑ I-9 Forms

ICE Audit

i My Settings

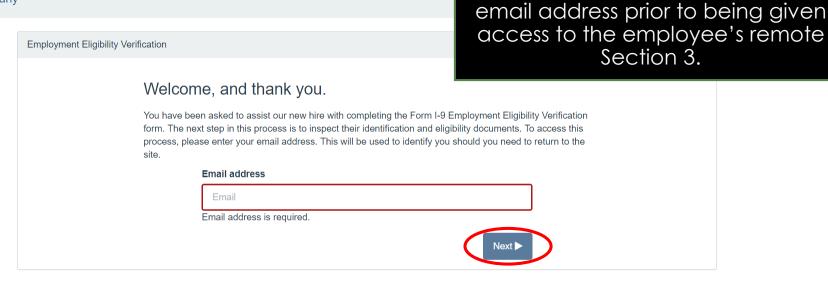
Help

U Logout

Tasks



Training Test Company



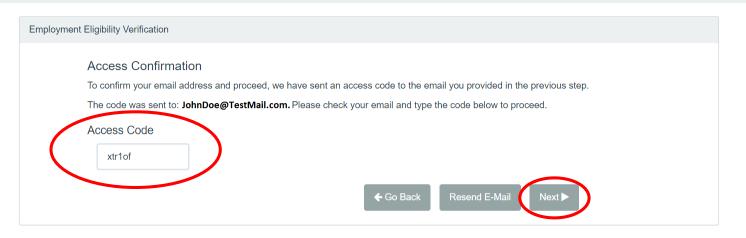
If the related **Admin** setting is

enabled, the **Remote Agent** will be prompted to enter and verify their

© 2018 LawLogix Inc. · About LawLogix · Privacy Policy · Terms of Use

The Agent enters the **Access Code** received by email, and clicks **Next**.

Training Test Company

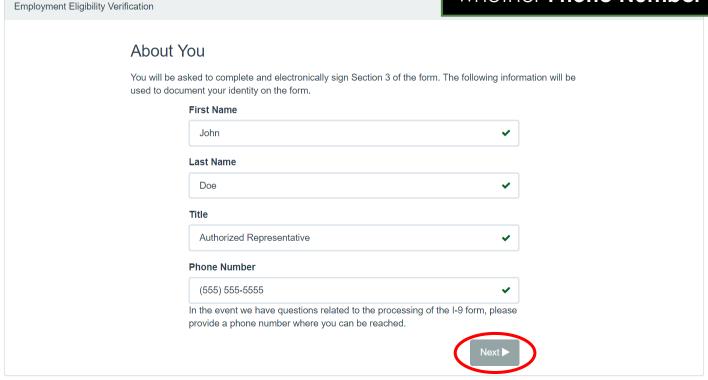


© 2018 LawLogix Inc. · About LawLogix · Privacy Policy · Terms of Use

Training Test Company

The Agent enters their Name, Title, Phone Number, and clicks **Next**.

Note: An Admin setting determines whether **Phone Number** is required.



Training Test Company

The Agent may watch a short video demonstration of completing Section 3 by clicking **View**.

Instructions

Welcome



Please review and complete the Form I-9 update for Robert Andrews.

You are being asked to serve as a representative of Training Test Company to inspect the employment authorization document(s) for Robert Andrews by completing Section 3 and electronically signing the Form I-9. Access the Instructions link above to review the specific information from Training Test Company.

Getting Started

You are being asked to act as an authorized representative for Training Test Company to fulfill Form I-9 obligations. Watch this brief overview to understand how to complete the form.



Review Work Authorization Document(s)

To fulfill the requirements of the I-9 form, please inspect the employment eligibility document(s) that the employee has provided and enter the information on the form as indicated.



Retain Work Authorization Document(s)

In conjunction with completing Section 3, a copy of the document(s) must be provided to Training Test Company.

Start

When ready, the Agent clicks **Start** to begin completing the Section 3.

Training Test Company

Instructions

Welcome



Please review and complete the Form I-9 update for Robert Andrews.

You are being asked to serve as a representative of Training Test Company to inspect the employment authorization document(s) for Robert Andrews by completing Section 3 and electronically signing the Form I-9. Access the Instructions link above to review the specific information from Training Test Company.

Getting Started

You are being asked to act as an authorized representative for Training Test Company to fulfill Form I-9 obligations. Watch this brief overview to understand how to complete the form.



Review Work Authorization Document(s)

To fulfill the requirements of the I-9 form, please inspect the employment eligibility document(s) that the employee has provided and enter the information on the form as indicated.



Retain Work Authorization Document(s)

In conjunction with completing Section 3, a copy of the document(s) must be provided to Training Test Company.

Start



Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the employment eligibility document complete all required fields as indicated in yellow. If the employee's name has not changed, update is not applicable. Click here to view Form I-9 instructions, or view the list of acceptable

SEPARTALIAN OF THE PART OF THE

Employment Eligibility Verification
Department of Homeland Security

U.S. Citizenship and Immigration Services

If the employee's name has not changed since they previously completed Form I-9 select **N/A** for the three name fields.

To document a name change, enter in the portion(s) of the name that have been changed, while entering **N/A** for the others.

Section 3. Reverification and Rehire	S (To be completed and sig	ned by employe	er or authorized re	epresentative.)
A. New Name (if applicable)				B. Date of Rehire (if applicable)
Last Name <i>(Family Name)</i>	irst Name <i>(Given Name)</i>		Middle Initial	Date (mm/dd/yyyy):
N/A ® N/A	N/A	☑ N/A	N/A	N/A
C. If the employee's previous grant of employs continuing employment authorization in the s Document Title	· · · · · · · · · · · · · · · · · · ·	red, provide the		he document or receipt that establishes ation Date (if any) (mm/dd/yyyy)
Jocument file	¥	Document Nui	Triber Expir	ation Date (ii any) (min/dd/yyyy)
I attest, under penalty of perjury, that to th employee presented document(s), the docu				
Signature of Employer or Authorized Represer	ntative Today's Date	(mm/dd/yyyy)	Name of Emp	loyer or Authorized Representative



Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the employment eligibility document complete all required fields as indicated in yellow. If the employee's name has not changed, update is not applicable. Click here to view Form I-9 instructions, or view the list of acceptable

If this is a rehire situation, the employee will provide their **date of rehire** to the Agent.

If this is not a rehire situation, then N/A should already appear, and no action is required for this field.



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

Fause T C	

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

37 37					Expires 00/31/2019
Section 3. Reverificat	ion and Rehi	res (To be complet	red and signed by employ	er or authorized re	presentative.)
A. New Name (if applicable)				B. Date of Rehire (if applicable)
Last Name <i>(Family Name)</i>		First Name (Given	Name)	Middle Initial	Date (mm/dd/yyyy):
N/A	✓ N/A	N/A	■ N/A	N/A ✓ N/A	N/A
continuing employment au		,	the state of the s		he document or receipt that establishes
Document Title		¥	Document Nu	imber Expira	ation Date (if any) (mm/dd/yyyy)
attest, under penalty of employee presented docu					ork in the United States, and if the ate to the individual.
Signature of Employer or A	uthorized Repres	entative To	day's Date <i>(mm/dd/yyyy)</i>	Name of Empl	loyer or Authorized Representative
				Doe, John	

original document presented by To Tuitill the requirements of the 1-y form, please inspect the employment eligibility gocument the employee, ensure that it complete all required fields as indicated in vellow. If the employee's name has not changed. update is not applicable. Click here to view Form I-9 instructions, or view the list of acceptable appears reasonably genuine and relates to the employee, and select the corresponding **Document Title**. **Employment Eligibility Verification Department of Homeland Security** Citizenship and Immigration Services Expires 08/31/2019 U.S. Passport npleted and signed by employer or authorized representative.) U.S. Passport Card **B.** Date of Rehire (if applicable) Middle Initial Date (mm/dd/yyyy): iven Name) Permanent Resident Card (Form I-551) ✓ N/A Alien Registration Receipt Card (Form I-551) ✓ N/A N/A ✓ N/A N/A Foreign Passport with Temp. I-551 Stamp zation has expired, provide the information for the document or receipt that establishes Foreign Passport with Temp. I-551 MKIV d below. **Employment Authorization Document (Form I-766)** Expiration Date (if any) (mm/dd/yyyy) **Document Number** I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative Doe, John

Go Back

The Agent should inspect the

Sigr

то типп the requirements of the 1-9 form, please inspect the employment eligibility document complete all required fields as indicated in yellow. If the employee's name has not changed, update is not applicable. Click here to view Form I-9 instructions, or view the list of acceptable

The Agent enters the **Document Number** and **Expiration Date** as they appear on the document presented.



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

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

A. New Name (if applicable	e)				B. Date of Rehire (if applicable)
Last Name <i>(Family Name)</i>		First Name (Given Name)		Middle Initial	Date (mm/dd/yyyy):
N/A	✓ N/A	N/A	№ N/A	N/A ✓ N/A	N/A ✓ N/A
C. If the employee's previous continuing employment audious Document Title			Document Nu		the document or receipt that established
Employment Authorizat	ion Document (F	Form I-766)	SRC00000001	07/0	01/2019
		the best of my knowledge, ocument(s) I have examined			ork in the United States, and if the ate to the individual.
Signature of Employer or A	uthorized Repre	sentative Today's Da	ite (mm/dd/yyyy)	Name of Emp	oloyer or Authorized Representative

Go Back

Sigr

וס דעודווו the requirements of the ביש form, please inspect the employment eligibility gocument complete all required fields as indicated in yellow. If the employee's name has not changed, u update is not applicable. Click here to view Form I-9 instructions, or view the list of acceptable

Once the Section 3 is filled out, the Agent enters their full legal name and clicks **Sign**.



Employment Eligibility Verification Department of Homeland Security

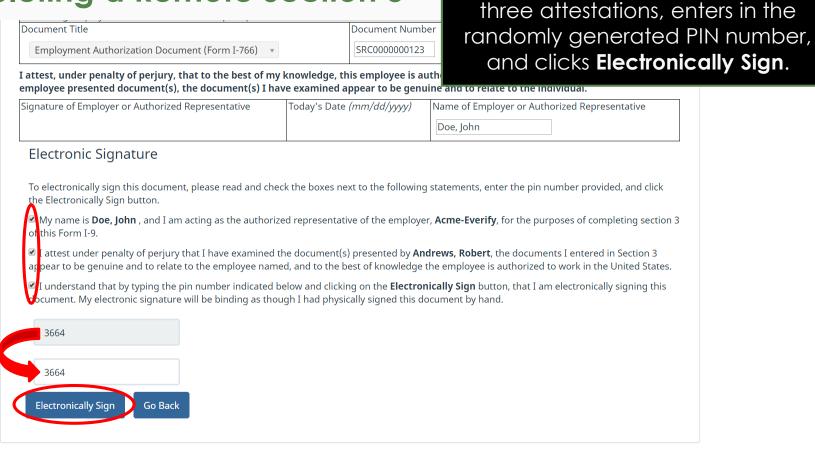
U.S. Citizenship and Immigration Services

USCIS Form I-9

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

FIAND SECO		U.	s. Citizeriship and	a Immigration 5	ervices			Expires 08/31/2019
Section 3. Reve	erification and Re	hires (To be c	ompleted and si	gned by employ	er or aut	thorized rep	resentative.)	
A. New Name <i>(if ap</i>	oplicable)						B. Date of F	Rehire <i>(if applicable)</i>
Last Name <i>(Family</i>	Name)	First Name	(Given Name)		Middle	Initial	Date (mm/	dd/yyyy):
N/A	▼ N/A	N/A		✓ N/A	N/A	✓ N/A	N/A	✓ N/A
continuing employ	s previous grant of em ment authorization in			ired, provide th	e inform			or receipt that establishes
Document Title				Document Nu	ımber	Expirat	ion Date <i>(if ai</i>	ny) (mm/dd/yyyy)
Employment Au	thorization Document	(Form I-766)	*	SRC0000000	123	07/01,	/2019	
	nalty of perjury, that ed document(s), the							ted States, and if the vidual.
Signature of Emplo	yer or Authorized Rep	resentative	Today's Date	e (mm/dd/yyyy,	Nar	ne of Emplo	yer or Autho	rized Representative
					Do	oe, John		





The Agent reads and checks the

Training Test Company



Obtain Document Copies



Our Organization requires that copies of the document identified in Section 3 of the of the document you reviewed. You may choose from the following options.

Once you have made your selection, click **Proceed** to continue the process.

- Digital Upload
- Fax documents to:
- Mail documents to:
- Employee will be responsible for submitting documents

If **Document Retention** is required per the employer's policy, and the employer has elected to have the Agent manage the retention process, the Agent will be prompted to obtain copies of the employee's document.

Proceed

Training Test Company



Obtain Document Copies



Our Organization requires that copies of the document identified in Section 3 of the of the document you reviewed. You may choose from the following options.

Once you have made your selection, click **Proceed** to continue the process.

- Digital Upload
- Fax documents to:
- Mail documents to:
- Employee will be responsible for submitting documents

The Agent selects one of the available retention options.

Digital Upload is recommended. If the Agent is not able to obtain and provide copies of the document at this time they may select Employee will be responsible for submitting documents.

NOTE: The specific retention options presented to the Agent are determined by the related Admin settings.

Proceed

The Agent selects a retention option and clicks **Proceed**.

Training Test Company



Obtain Document Copies



Our Organization requires that copies of the document identified in Section 3 of the I-9 form be retained. Please provide a scan or photo copy of the document you reviewed. You may choose from the following options.

Once you have made your selection, click **Proceed** to continue the process.

- Digital Upload
- Fax documents to:
- Mail documents to:
- Employee will be responsible for submitting documents



If **Digital Upload** was selected, the Agent clicks **Upload Document**.



Document Retention Required



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

Note: Document uploads are limited to 5 MB.

Employment Authorization Document (Form I-766)



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

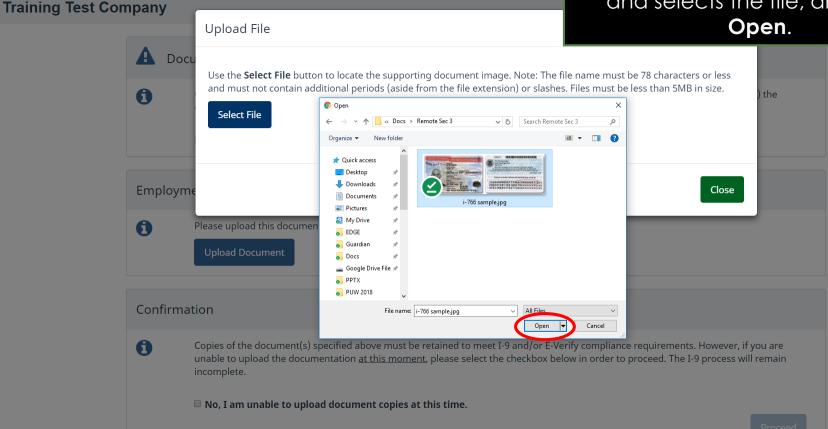
a photo of the document. If on a **Training Test Company** Upload File computer, they should **scan** the document to the computer or Use the **Select File** button to locate the supporting document image. Note: The f network, and then upload the file. and must not contain additional periods (aside from the file extension) or slashes A Select File Employme Close 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 A 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.

The Agent clicks **Select File**. If on a

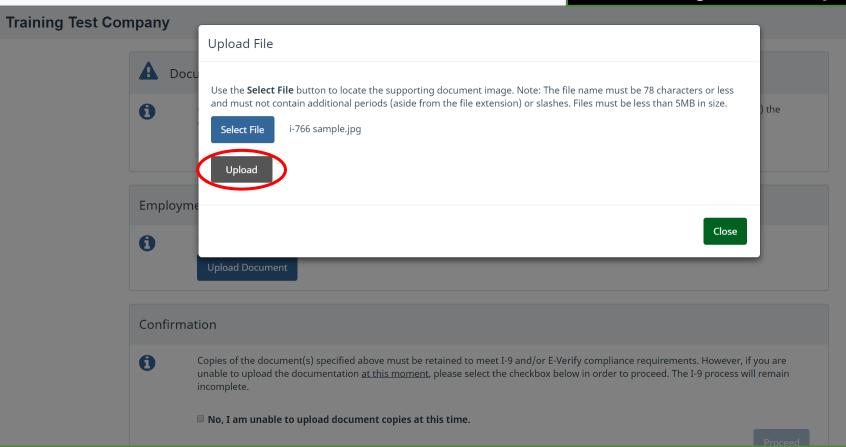
mobile device the Agent may take

Table of Contents

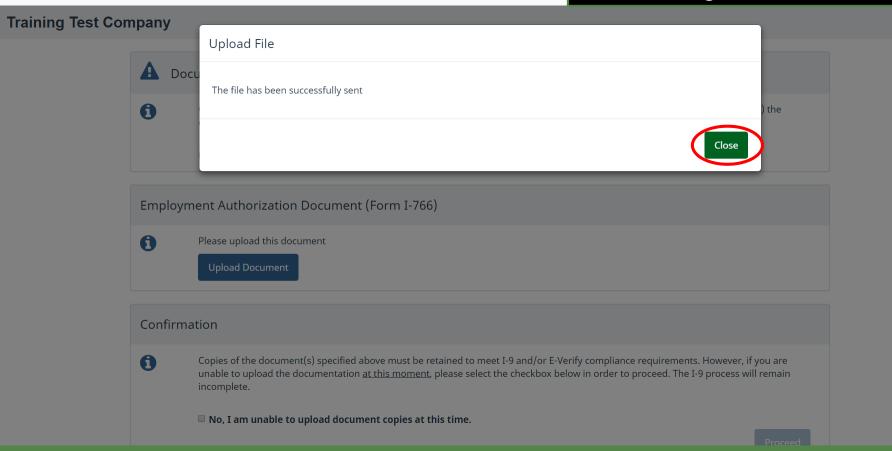
From the browse window that appears, the agent navigates to and selects the file, and clicks **Open**.

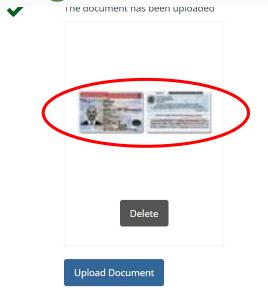


After selecting the appropriate file, the Agent clicks **Upload**.



Once the file has been uploaded the Agent clicks **Close**.





If the uploaded file was an image file type (.jpg, .png, .gif, etc) a thumbnail will be provided. No thumbnail is provided for PDF files.

Once the necessary file(s) have been uploaded, the Agent clicks **Proceed**.



~

Thank you for providing the required documentation.



The Agent clicks the **Done** button and then may close the web page.

Training Test Company

Verification Completed



Congratulations, you successfully completed the Form I-9 process for the employee.

Thank you for assistance with this process. Please click the **Done** button to notify the organization that the I-9 is complete, then close the window.



© 2018 Lawlogix, Inc. · About LawLogix · Privacy Policy · Terms of Use



The Remote Section 3 must now be **Approved**. Open the employee's I-9 record.

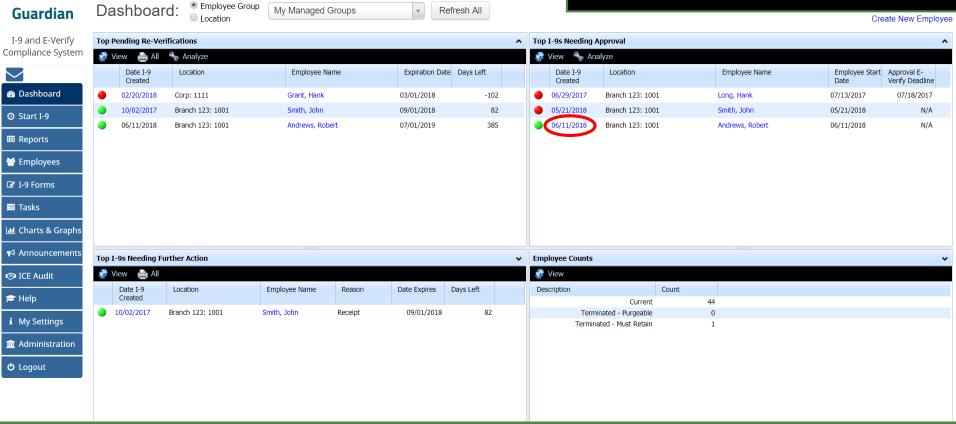


Table of Contents

Click the **Approve** link from the Section 3 area of the I-9 record.

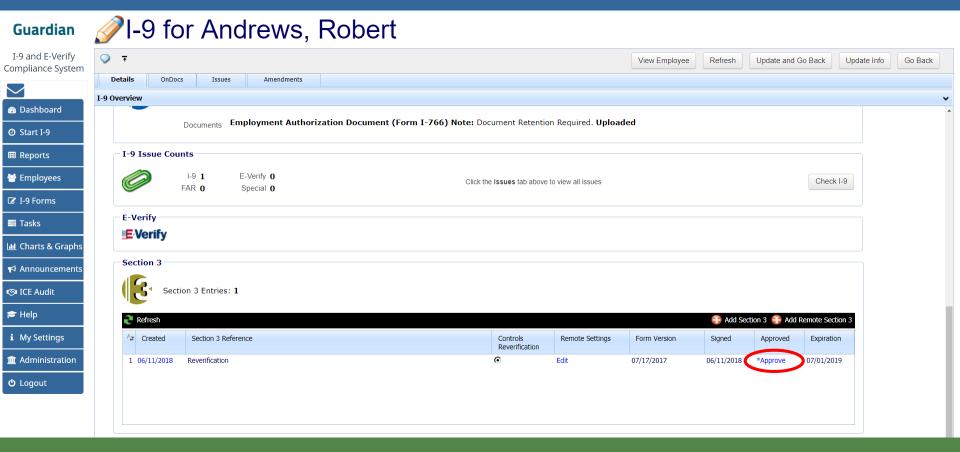


Table of Contents

Electronically Signed by: Doe, John

Review the completed Section 3 and any retained document copies.

Department of Homeland : U.S. Citizenship and Immigratio

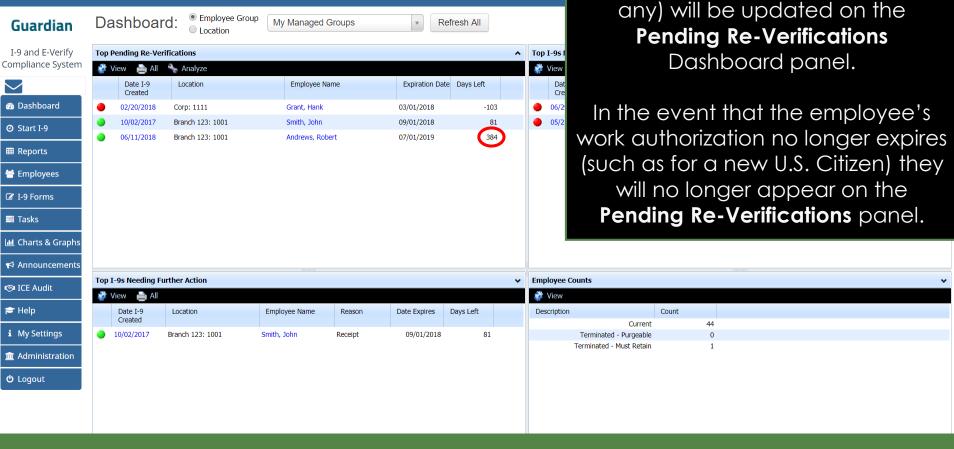
When ready, click **Approve Section 3**.



06/11/2018



Doe, John



The employee's new work authorization expiration date (if

Table of Contents

Guardian

I-9 and E-Verify

Dashboard

② Start I-9

Ⅲ Reports

Employees

ICE Audit

i My Settings

m Administration

Help

U Logout

Tasks

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.