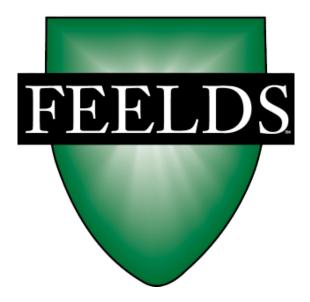


# PREPARING FOR IMMIGRATION ENFORCEMENT

By: Roberta Gruber – Oregon Farm Bureau, FEELDS





# WHAT IS FEELDS?

FEELDS = Farm Employer Education & Legal
Defense Service

An **Oregon Farm Bureau** membership service program.

Created in 2001 to help agricultural employers receive and understand changes in employment law, assistance with employment law compliance (i.e., HR consulting), and legal help to defend a claim of violation of employment law through our attorney. FEELDS pays \$18,750 to our attorney to defend you.

**FEELDS** is an employer advocate. We proactively work to strengthen and protect Oregon farms, standing shoulder-to-shoulder with growers to nurture resilient, thriving operations.

# IMMIGRATION ENFORCEMENT STRATEGY

Immigration enforcement is again a hot topic under Trump2.

The Trump Administration's strategy is to **remove specific undocumented individuals** (gang members, violent criminals, public safety threats, and others).

The Enforcement strategy is **three-fold**:

- Active ICE Capture (gang members, violent criminals, public safety threats).
   Incurs high governmental cost
- **Dis-incentivize Workplaces** (Form I-9 audits, E-Verify+) Generates government revenue through employer fines.
- **Voluntary Self-Deportation** (mandatory registry/tracking) "no alien will have an excuse for failure to comply." Some cost, some potential revenue.

# FEELDS' FOCUS

FEELDS focus for today's meeting is the Workplace Disincentivizing measures:

- > Form I-9 Audits
- Mandatory E-Verify+

# **HISTORICAL CONTEXT**

In 2024, **33.2 million private businesses <500** employees in USA.

**~2 million are farmers** (a decline of 7% from 2017; loss of 140,000 farms (6% of the total private business sector) ☺

### **I-9 Audits during Trump1 (2017-2020):**

2017	1,360	
2018	6,000	
2019	6,450	= 0.02

Expect development of AI software to perform audits swiftly and in higher volume.

Oregon restaurants seem to be currently targeted.



# LET'S BEGIN!

Important (but dry) tool for Form I-9 compliance is the M-274 Handbook.

The M-274, Handbook for Employers: Guidance for Completing Form I-9, provides instructions on properly completing and retaining the Form I-9.

The **Form I-9 website** at the USCIS is also helpful.

Lastly, but *not* least important, the **process of completing the Form I-9** must be done in a nondiscriminatory manner to **protect all individual civil rights.** https://www.justice.gov/crt/settlements-and-lawsuits



### **Employment Eligibility Verification**

#### Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

		First Na	ame (Given	Name)		Middle Initia	al (if any)	Other Last	Names Use	ed (if any)
Address (Street Number and	Name)		Apt. Nun	nber (if any)	City or Town				State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Soc	al Security Nun	nber	Employee'	s Email Address	3			Employee's	Telephone Number
I am aware that federal la provides for imprisonme fines for false statement use of false documents, connection with the comthis form. I attest, under of perjury, that this informicluding my selection attesting to my clitzenshimmigration status, is tracorrect.  Signature of Employee  If a preparer and/or transcotion 2. Employer Rebusiness days after the employer R	ent and/or is, or the in inpletion of r penalty rmation, of the box nip or ue and	1. A citiz 2. A non 3. A law 4. A non If you check ite USCIS A-h	ten of the U citizen nation ful permane citizen (other Number Number	onal of the lent resident er than Item on Item	Julited States (Si (Enter USCIS or In Numbers 2, and the of these: I 1-94 Admission	ee Instruction A-Number and 3. above an Number Too complete the presentation	ons.) authorized one Fore one Prepare ve must c	d to work unt	rt Number a	and Country of Issuar
business days after the em authorized by the Secretary documentation in the Additi	y of DHS, do	cumentation fi tion box; see List A	rom List A Instruction	OR a con	nbination of do			ist B and L	ist C. Ente	er any additional
Document Title 1		LISTA			Lis					List O
Issuing Authority										
Document Number (if any)  Expiration Date (if any)										
Document Number (if any)  Expiration Date (if any)				Addition	nal Informatio	on				
Document Number (if any)  Expiration Date (if any)  Document Title 2 (if any)				Addition	nal Informatio	on				
Document Number (if any)				Addition	nal Informatio	on				
Expiration Date (if any)  Document Title 2 (if any)  ssuing Authority  Occument Number (if any)				Addition	nal Informatio	on				
Document Number (if any) Expiration Date (if any) Document Title 2 (if any) ssuing Authority Document Number (if any) Expiration Date (if any)				Addition	nal Informatio	on				
Document Number (if any) Expiration Date (if any) Document Title 2 (if any) ssuing Authority Document Number (if any) Expiration Date (if any) Document Title 3 (if any)				Addition	nal Informatio	on				
Document Number (if any)  Expiration Date (if any)  Document Title 2 (if any)  Issuing Authority				Addition	nal Informatio	on				
Document Number (if any)  Expiration Date (if any)  Document Title 2 (if any)  Susuing Authority  Document Number (if any)  Expiration Date (if any)  Document Title 3 (if any)  Susuing Authority  Document Number (if any)							ative proce	dure authoriz	red by DHS	to examine documents
Document Number (if any) Document Title 2 (if any) Substitution Date (if any) Substitution Date (if any) Document Number (if any) Expiration Date (if any) Document Title 3 (if any) Substitution Date (if any) Substitution Date (if any)	d documenta mployee is au	tion appears to thorized to wor	be genuir	Chec	k here if you use ocumentation p late to the emp	ed an alterna resented by loyee name	y the aboved, and (3)	re-named ) to the	First Day (mm/dd/y	of Employment

Form I-9 Edition 08/01/23 Page 1 of 4

This is the current I-9 Form. (There have been 14 updates or revised versions issued since 1987).

No other version may be used.

Spanish version may be available to employee only for **reference.** 

# **Section 1**

SSN, Email, and Telephone number blanks are optional (SSN is required if your company participates in E-Verify)

Employer may assist in the completion of the I-9 Form if the employer also completes the Preparer/Translator Supplement A and attaches it to the Form I-9.

Employee chooses attestation Box.

Employee signs and dates the bottom of Section 1.



### **Employment Eligibility Verification**

Form I-9

### Department of Homeland Security

OMB No.1615-0047 Expires 07/31/2026

U.S. Citizenship and Immigration Services

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <a href="Instructions">Instructions</a>.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Apt. Number (if any)	City or Town	ddle Initial (if a	ny) Other Last	Names Used	(if any)
Apt. Number (if any)	City or Town				(ii dily)
	Oity of Town			State	ZIP Code
mber Employee's	Email Address			Employee's 7	Telephone Number
zen of the United States ncitizen national of the U	Inited States (See I	Instructions.)	tion status (See	page 2 and 3	of the instructions.):
em Number 4., enter on	Numbers 2. and 3 e of these:	3. above) autho		3	
OR POINT	1-34 Admission N	OR			id Country of Issuance
i de la	izen of the United States incitizen national of the U iful permanent resident ( incitizen (other than Item item Number 4., enter on Number	izen of the United States Incitizen national of the United States (See Incitizen national of the United States (See Incitizen (other than Item Numbers 2. and Statem Number 4., enter one of these: Incitizen (other than Item Number 5.)	izen of the United States ncitizen national of the United States (See Instructions.) wful permanent resident (Enter USCIS or A-Number.) ncitizen (other than Item Numbers 2. and 3. above) author tem Number 4., enter one of these: -Number OR Form I-94 Admission Number OR	izen of the United States notitizen national of the United States (See Instructions.)  wful permanent resident (Enter USCIS or A-Number.) notitizen (other than Item Numbers 2. and 3. above) authorized to work unitem Number 4., enter one of these:  Number OR Form I-94 Admission Number OR Foreign Passpo	ncitizen national of the United States (See Instructions.)  wful permanent resident (Enter USCIS or A-Number.)  ncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, interm Number 4., enter one of these:  Number Form I-94 Admission Number Foreign Passport Number are

# Common Section 1 Questions

- If the Preparer is different from the Translator, do both individuals complete Supplement A for the same form? Yes.
- If the new employee selects the "Citizen" box but then
  presents a Permanent Resident Card in Section 2, do
  I change it? No, you may ask the employee what the
  employee's intent was. Don't question the employee's
  immigration status but question the box that was
  checked. If the employee doesn't want to change it,
  then leave it. See the "under penalty of perjury"
  declaration the employee signs.

# **List of Acceptable Documents**

Required to establish **individual identity** AND **work authorization.** 

**List A** provides Employee Identity AND work authorization.

List B provides only employee Identity

**List C** provides only work authorization.

Accept any documents that **reasonably appear to be genuine** and that **relate to the individual** presenting it.

#### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Iden by and Employment Authorization	OR	Documents that Establish Identity	AND pcuments that Establish Employment Authorization
U.S. Passport or U.S. Passport Card     Permanent Resident Card or Alien Registration Receipt Card (Form I-551)     Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa     Employment Authorization Document that contains a photograph (Form I-766)     For an individual temporarily authorized to work for a specific employer because of his or her status or parole:		1. Driver's license or ID card issued by a State of 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  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such a name, date of birth, gender, height, eye color and address  3. School ID card with a photograph  4. Voter's registration card	(1) NOT VALID FOR EMPLOYMEN  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  2. Certification of report of birth issued by th Department of State (Forms DS-1350, FS-545, FS-240)  3. Original or certified copy of birth certificate
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States
b. Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	bearing an official seal
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	4. Native American tribal document
passport; and (2) An endorsement of the		8. Native American tribal document	U.S. Citizen ID Card (Form I-197)     Identification Card for Use of Resident
individual's status or parole as long as that period of		<ol><li>Driver's license issued by a Canadian government authority</li></ol>	Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	Security  For examples, see Section 7 and
6. Passport from the Federated States of		10. School record or report card	Section 13 of the M-274 on uscis.gov/i-9-central.
Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		Acceptable Receipts	1
May be prese		I in lieu of a document listed above for a For receipt validity dates, see the M-274	
Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

\*Refer to the Employment Authorization Extensions page on I-9 Central for more information

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# **Section 2**

Employee must present document(s) from the *List of Acceptable Documents* for this Section.

Documents must be current and reasonably relate to the individual presenting them.

1 Document for List A, OR

1 Document <u>each</u> for List B & List C (no other combination: No A&C)

If you're using a remote verification method, check this box.

Enter date of employment

Employer rep signs/dates the form.

	List A	OR	List B	AND	List C
Oocument Title 1					
ssuing Authority					
Occument Number (if any)					
Expiration Date (if any)					
Oocument Title 2 (if any)		Additiona	I Information		
ssuing Authority					
Occument Number (if any)					
Expiration Date (if any)					
Occument Title 3 (if any)					
ssuing Authority					
Occument Number (if any)					
Expiration Date (if any)		Check h	ere if you used an alterna	ative procedure authorize	d by DHS to examine documents.
employee, (2) the above-list	penalty of perjury, that (1,1 hed documentation appears to employee is authorized to work	be genuine and to rela			First Day of Employment (mm/dd/yyyy):
ast Name, First, ame and I	itie of Employer or Authorized Ko	epresentative	nature of Employer or Au	Representative	Today's Date (mm/dd/yyyy

# COMMON QUESTIONS ABOUT SECTION 2

- Can I accept a photocopy of a document or a digital copy on the employee's personal phone? *No.*
- Can I abbreviate the agency names? Yes.
- I'm signing under penalty of perjury that the employee is work authorized, but I don't know with certainty. Can I not sign? You must sign, but the test is: "does the document reasonably appear to be genuine, and does it relate to the individual presenting it?
- What if I'm really unsure about the document(s) presented? Glad you asked, let's look at some...

Current I-551 (2023+)



1997-2010



SPECIMEN

123-456-789

None

Date of Birth

Country of Birth
Mexico

Card Expires: 10/26/24

10/25/22

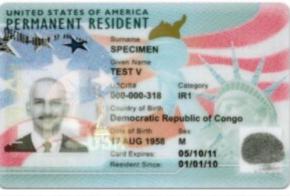
ASC00000000002

UNITED STATES OF AMERICA

SPECIMEN TEST 25 OCT 200.

ALID FOR REENTRY TO U.S.

I-551 (2017+)



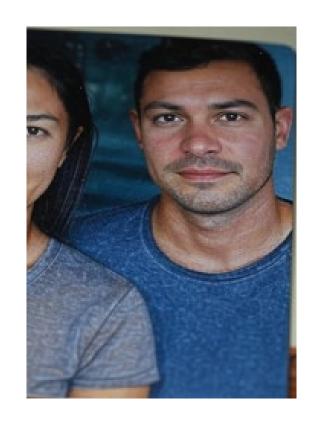
I-766 EAD

I-551 (2010+)



\*\*Some employees may also have older Resident Alien cards, issued by the **U.S. Department of Justice, Immigration and Naturalization Service,** which **do not have expiration dates and are valid indefinitely**. These cards are **peach** in color and contain the bearer's fingerprint and photograph. See www.citizenpath.com/history-green-card.

# Document Inspection:





Does it reasonably appear to be **genuine** and **relate to the individual** presenting it?

### Supplement A, Preparer and/or Translator Certification for Section 1

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 07/31/2026

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

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

knowledge the information is true and cor	ve assisted in the completion of Section rect.		
Signature of Preparer or Translator		Date (mm/dd/yyyy	)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any
Address (Street Number and Name)	City or Town	State	ZIP Code
I attest, under penalty of perjury, that I hav knowledge the information is true and cor		1 of this form and that	to the best of my
Signature of Preparer or Translator		Date (mm/dd/yyyy	)
Last Name (Family Name)	First Name (Given Name)	First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code
I attest, under penalty of perjury, that I hav		1 of this form and that	to the best of my
Signature of Preparer or Translator		Date (mm/dd/yyyy	)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any
Address (Street Number and Name)	City or Town	City or Town State	
I attest, under penalty of perjury, that I hav		1 of this form and that	to the best of my
Signature of Preparer or Translator	ect.	Date (mm/dd/yyyy	)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any

Form I-9 Edition 08/01/23 Page 3 of 4

# Supplement A Preparer/Translator

Supplement A is an optional part of Form I-9 used when an employee requires assistance to complete Section 1 due to language or literacy barriers. It must be filled out by any preparer or translator who helps the employee, providing their name, address, signature, and date, with a separate certification block for each individual involved (Preparer and/or Translator).

Employers are responsible for ensuring its accuracy, retaining it with the employee's Form I-9 and presenting it during government audits.



### Supplement B,

### Reverification and Rehire (formerly Section 3)

#### Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B OMB No. 1615-0047 Expires 07/31/2026

First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
	First Name (Given Name) from Section 1.

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before

Date (mm/dd/yyyy)	New Name (if applicable)				
, , , , , , , , , , , , , , , , , , , ,	Last Name (Family Name)		First Name (Given Name)		Middle Initial
		, your employee can choose ment information in the space	to present any acceptable List s below.	A or List C do	cumentation to show
Document Title		Document Number (if any		Expiration	Date (if any) (mm/dd/yyyy)
			ployee is authorized to work s to be genuine and to relate		
Name of Employer or Authoriz	ted Representative	Signature of Employer or A	Authorized Representative	Too	day's Date (mm/dd/yyyy)
Additional Information (Init	ial and date each notatior	1.)		alter	ck here if you used an native procedure authorize HS to examine documents
Date of Rehire (if applicable)	New Name (if applicable)				
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)		Middle Initial
		, your employee can choose ment information in the space	to present any acceptable List is below.	A or List C do	cumentation to show
Document Title		Document Number (if any		Expiration	Date (if any) (mm/dd/yyyy)
employee presented doc	umentation, the docume	entation I examined annear			
Name of Employer or Authoriz		Signature of Employer or A	AND COMPANY OF THE STATE OF THE		dual who presented it
Name of Employer or Authoriz  Additional Information (Init	red Representative	Signature of Employer or A	AND COMPANY OF THE STATE OF THE	Chec alter	AND THE RESIDENCE OF STREET AND ASSOCIATION OF STREET
	red Representative	Signature of Employer or A	AND COMPANY OF THE STATE OF THE	Chec alter	day's Date (mm/dd/yyyy)  ck here if you used an native procedure authorize
Additional Information (Init	ted Representative	Signature of Employer or A	AND COMPANY OF THE STATE OF THE	Chec alter	day's Date (mm/dd/yyyy)  ck here if you used an native procedure authorize
Additional Information (Init  Date of Rehire (if applicable)  Date (mm/dd/yyyy)  Reverification: If the employ	ial and date each notation  New Name (if applicable)  Last Name (Family Name)  yee requires reverification	Signature of Employer or A	withorized Representative  First Name (Given Name)  to present any acceptable List	Chec alter	day's Date (mm/dd/yyyy)  ck here if you used an native procedure authorize HS to examine documents  Middle Initial
Additional Information (Init  Date of Rehire (if applicable)  Date (mm/dd/yyyy)  Reverification: If the employ	ial and date each notation  New Name (if applicable)  Last Name (Family Name)  yee requires reverification	Signature of Employer or A	First Name (Given Name) to present any acceptable List s below.	Chec alter by D	day's Date (mm/dd/yyyy)  ck here if you used an native procedure authorize HS to examine documents  Middle Initial
Additional Information (Init  Date of Rehire (If applicable) Date (mm/dd/yyyy)  Reverification: If the employontinued employment auth Document Title  I attest, under penalty of	ned Representative ial and date each notation  New Name (if applicable) Last Name (Family Name) yee requires reverification orization. Enter the documents	Signature of Employer or A  .)  , your employee can choose ment information in the space Document Number (if any).	First Name (Given Name) to present any acceptable List s below.	Chee alter by D	day's Date (mm/dd/yyyy)  ck here if you used an native procedure authorize HS to examine documents  Middle Initial cumentation to show  Date (if any) (mm/dd/yyyy)  States, and if the
Additional Information (Init  Date of Rehire (if applicable) Date (mm/dd/yyyy)  Reverification: If the employontinued employment auth Document Title  I attest, under penalty of	New Name (if applicable) Last Name (Family Name) yee requires reverification orization. Enter the documentation, the documentation, the documentation, the documentation, the documentation, the documentation.	Signature of Employer or A  .)  , your employee can choose ment information in the space Document Number (if any).	First Name (Given Name)  to present any acceptable List is below.	A or List C do  Expiration  in the United to the individual	day's Date (mm/dd/yyyy)  ck here if you used an native procedure authorize HS to examine documents  Middle Initial cumentation to show  Date (if any) (mm/dd/yyyy)  States, and if the

Form I-9 Edition 08/01/23 Page 4 of 4

# Supplement B – Rehire/Reverification

Supplement B is used by employers to document updates to an employee's work authorization or rehire status. It is required when reverifying employment eligibility for employees whose original authorization has expired, or when rehiring an individual within three years of their initial Form I-9 completion.

Employers must record the employee's name, updated document details (title, number, and expiration date), and their own signature and date, retaining Supplement B with the original Form I-9.

Employers may use Supplement B only for 3 years from the original hire date. After that, a new I-9 Form is required.

# COMMON DISCRIMINATORY PRACTICES TO AVOID:

**Requesting Specific Documents** – Employees have the right to present any valid combination of documents from the I-9 List A, or Lists B and C.

X Example of a violation: Requiring a permanent resident to show a green card instead of allowing them to present a driver's license (List B) and a Social Security card (List C).

**Requiring More or Different Documents Than Necessary** – Employers cannot ask for additional documentation beyond what is legally required.

X Example of a violation: An employer asking a non-citizen to provide the green card that is identified in Section 1 when the employee presents a driver's license and SSA card in Section 2.

Treating Employees Differently Based on Citizenship or National Origin – All employees must be treated equally in the I-9 process.

Example of a violation: Only requiring non-U.S. citizens to complete Form I-9 on their first day of employment but allowing U.S. citizens more time.

# ocuments

You're allowed to but they must be stapled to the I-9 Form.

If you have a change of policy and change the practice, have a written, dated, formal change of policy.

Maintain all previous documents that were kept prior to changing to a nocopy policy.

# For E-Verify Users

You must keep copies of List A Documents.

List B documents must have a photograph

Employee must provide SSN in Section 1.

# I-9 Form Retention

Proper record-keeping and retention of **Form I-9** is essential for compliance with federal laws and to prepare for potential audits by immigration enforcement agencies.

Employers must understand how long to retain I-9 forms and the correct methods for storing them to protect employee privacy, prevent discrimination claims, and avoid penalties.

# Rules for Retaining the I-9 Form

### **Retention Period Formula:**

Employers must keep an employee's I-9 form for the later of:

- Three years from the date of hire, or
- One year after the employee's termination

### **Examples:**

Employee hired on January 1, 2020, and still employed:

The employer must keep the I-9 indefinitely until the employee leaves.

Employee hired on January 1, 2020, and terminated on December 31, 2023:

Three years from hire date: January 1, 2023

One year from termination: December 31, 2024

Retention deadline: December 31, 2024 (the later of the two dates).

**Imployee hired on June 1, 2019, and terminated on July 1, 2020:** 

Three years from hire date: June 1, 2022

One year from termination: July 1, 2021

Retention deadline: June 1, 2022 (the later of the two dates).

# Best Practices for Storage

### **Keep I-9 Forms Separate from Personnel Files**

Store I-9 forms in a separate folder or system from standard HR personnel records. This prevents unauthorized access and ensures compliance in case of an audit.

### **Organize I-9 Forms into Two Categories:**

**Active Employee I-9s** – Keep current employees' I-9s in an "Active" file.

**Terminated Employee I-9s** – Maintain separate files for former employees and track retention deadlines.

### **Electronic vs. Paper Storage:**

**Paper Forms:** Store in a **locked, fireproof file cabinet** or secure office.

### **Electronic Forms:**

- Must comply with **DHS electronic retention guidelines**
- Ensure secure access controls and data encryption
- Keep an audit trail of any modifications

# Continued,

### **Access Restrictions:**

Limit access to **authorized personnel only** to protect employee privacy. Avoid allowing managers or supervisors access to prevent discrimination risk.

### **Backups & Disaster Preparedness:**

If storing electronically, implement **regular backups** and protect against cyber threats.

Paper files should be **protected from fire**, water damage, or theft.

# Auditing Internal I-9 Records

- Importance of internal audits:
  - Allows identification of missing I-9 Forms
  - Allows proper correction of errors
  - Demonstrates "good faith" compliance
  - Reduces fines and penalties

# Correcting Errors on an I-9 Form

**Employers must:** 

Initial and date each correction made.

**Never use white-out, Sharpie marker, or erase errors**—always strike through incorrect information.

Ensure corrections are legible and do not obscure original information.

- The **employer (or authorized representative)** must correct errors they made in Sections 2 or 3.
- The employee must correct errors made in Section 1.

If there are **major errors** (such as missing entire sections, using an outdated version of the form, the Spanish form, or widespread errors), the employer should:

- 1. Complete a new Form I-9 with correct information.
- 2. Attach the new I-9 to the incorrect one with a written explanation on it.
- 3.Do not backdate—always use the actual correction date, except when indicating the original hire date.

Employee Identity Changes Supplement B if the employee changes his/her name, or List A or List C document used in the original I-9 Form.

If the employee changes his/her SSN and the SSN was **not** used in List C of the original I-9 Form, then update only the W-4 form.

# Employee Work Authorization Extension

- Keep a record of employee EAD expiration dates. Do not track: Permanent Resident/Resident Alien Cards, passports, or driver's licenses for the I-9 Form.
- Look at the employee's Category Code on the front of the EAD. Does it qualify for an automatic extension? <a href="https://www.uscis.gov/eadautoextend">https://www.uscis.gov/eadautoextend</a>
- Automatic extensions typically apply if:
  - The employee applied for renewal before their current EAD expired.
  - Their EAD falls under a category that USCIS has authorized for an automatic extension (e.g., refugees, asylees, Temporary Protected Status (TPS) holders, etc.).
  - The employee has received a Form I-797C, Notice of Action, confirming their timely filed renewal.



# Auto Extensions

Does the Category Code (Eligibility Category) on the I-797 match the Category Code on the EAD? If not, no automatic extension is granted. If no, update the I-9 Form

If so, update Section 2 of the I-9:

For a current employee whose employment authorization and/or EAD has been automatically extended and who presents a Form I-797C, you must update Form I-9 by entering the appropriate automatic extension expiration date in the Section 2 Additional Information field. Employers should also enter "EAD EXT" in the Additional Information field and may keep a copy of the <u>USCIS webpage</u> describing the extension of up to 540 days with the employee's Form I-9, if applicable.

If the employee's original Form I-9 was completed on a Form I-9 that is no longer valid, enter EAD EXT and the new expiration date in the Additional Information field in Section 2 of the latest version of Form I-9 and retain it with the employee's original Form I-9.

# Inspection-Ready Records

Best practice: Conduct periodic self-audits to ensure all I-9s are compliant and properly stored.

- Maintain an I-9 Retention Log to track purge dates for terminated employees.
- Review I-9 files periodically to ensure correct record retention and identify expired work authorizations that may require reverification.
- Prepare for audits by ensuring records are organized and easy to retrieve within the required 3-day timeframe if requested by ICE.

# Notice of Inspection

Typically, Notices of Inspection (NOIs) are delivered via U.S. Mail with a 3-day response window. The NOI will specify whether digital submission of the documents is permitted. This must be posted:

- **Form I-9**, Employment Eligibility Verification Forms ICE primarily reviews these forms to ensure compliance with employment verification requirements.
- Payroll Records These can include pay stubs, payroll ledgers, and tax documents (e.g., IRS Form W-2 and W-4) to verify employee identities and work authorization.
- **Employee Roster** A list of current and past employees, including their names, Social Security numbers, and job titles.
- Business Entity Documents Such as business licenses, incorporation documents, or partnership agreements.
- **E-Verify Records (if applicable)** If the company participates in E-Verify, ICE may request related documentation. E-Verify employers are to keep a copy of List A Documents presented by new hires.
- Tax Records This may include IRS filings, unemployment insurance filings, and workers' compensation records.
- Contracts with Staffing Agencies If the company uses third-party staffing services, ICE may request agreements to examine hiring practices.
- Supporting Documents for Employees with Work Authorization This could include copies of employment authorization documents (EADs), visas, or other relevant immigration-related paperwork.
- Company Policies on Hiring and Employment Verification Any company policies or internal procedures related to immigration compliance and hiring.

# E-VERIFY+

There is no current effort to make E-Verify+ mandatory.

In June 2024, Senator Joe Manchin introduced the *Mandatory E-Verify Act of 2024*, a bipartisan bill aiming to require all employers to use E-Verify to confirm workforce eligibility, with increased penalties for non-compliance. It hasn't moved.

Concerns are raised about data accuracy, privacy, and the impact on industries like agriculture, that rely heavily on migrant labor. Critics have also questioned the feasibility of a nationwide mandate, citing potential burdens on small businesses and rural areas with limited internet access.

The end.

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