

# Administrator: Hire Employee Guide

Content:

[New Hire Checklist](#)

[Hiring Employees](#)

[Hiring International Employees](#)

[Review Employee Information](#)

[I9 Verification/Processing](#)

[I9 Verification/Processing for International Employees](#)

[Sample of International Employee I9](#)

[Loyalty Oath Verification/Processing](#)

[Resend New Hire Email](#)

[Unlock Employee Account and Clearing Two-Factor Authentication](#)

[FAQs](#)

## New Hire Checklist

Employees will need to complete their onboarding checklist. This process applies to:

- New hires (first employment with OSU)
- Re-hires (employee's employment with OSU has lapsed more than 30 days for benefited or 180 days for non-benefited)

In the checklist, employee will complete:

- Within UKG
  - Employee Information Form
  - State of Oklahoma Outstanding Wage Beneficiary Form
  - Oklahoma Teachers' Retirement System Notification Form
  - Loyalty Oath Form – with instructions to meet with HR Admin or locate a notary and then upload the notarized form.
  - I9 Form
  - Work Permit Form (For international professionals only). If an employee is in J1 Visitor Exchange status, International Grad student, or International student, they will need to upload OSU Work Permit obtained from ISS.
  - Voluntary Self-Identification of Disability Form
  - Veteran Voluntary Self-Identification Form
  - CHS Confidentiality Agreement Form (For Center of Health Sciences only)
  - CHS Hepatitis B Declination Form (For Center of Health Sciences only)
  - CHS Policies and Procedures Form (For Center of Health Sciences only)

Employees will need to complete these in Banner Self-Service **after** they have their O-Key account. (UKG capability coming soon)

- Withholding Form
- Direct Deposit Form

Employees can complete this optional form with OSU Payroll **after** they receive the email from the department administrator.

- Salary Deferral Election Form (**for full-time faculty only**).

<https://adminfinance.okstate.edu/payroll/salary-deferral.html>

Employee complete form and send to [payroll.services@okstate.edu](mailto:payroll.services@okstate.edu)

When an employee completes their checklist, the department's administrator will receive an email notification and can follow-up with the employee to review their checklist, I9 verifications, upload E-Verify submission along with supporting documents, and Loyalty Oath verification/notarization. It is recommended to include UKG Employee ID in the EPAF comments.

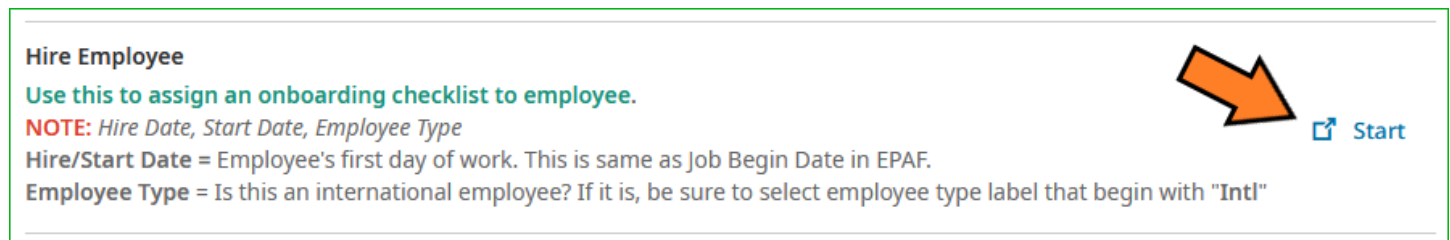
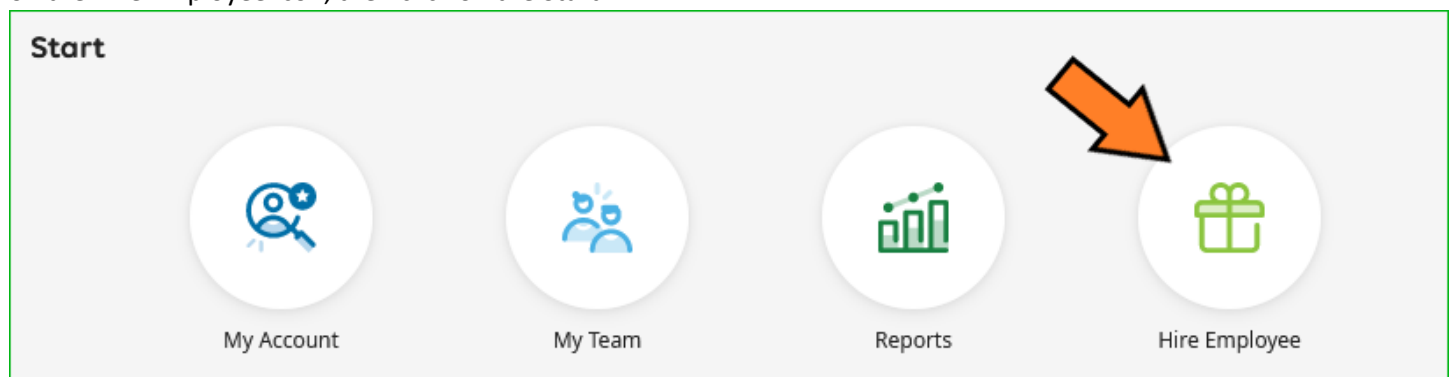
The administrator can email additional guidance to employees once the I9 identification process and notarization of the loyalty oath form are completed. The guidance may include W4, direct deposit, benefits/orientation (if appropriate), salary deferral (if appropriate), etc.

## Hiring Employees

Gather employee's information from hiring manager:

- First Name, Middle Name, Last Name
- Email address
- Start date
- Employment type (Faculty, Staff, Student)
- Employment status (Full-Time, Part-Time/Temp)
- Employee status (U.S. Citizen/Permanent Resident, J1, International)
- Org Code
- Position number
- And any other info that you may need.

To begin new hire checklist, login to [UKG Ready](#) (this hyperlink is for Admin only, do not share with employee) and click on the Hire Employee icon, then click on the Start link.



Leave the "Choose Applicant" blank and click on the Continue button.

The screenshot shows the 'Hire Employee' form. It has a title bar with a close button. Below is an information box with a note about the Applicant field. The form contains a 'Choose Applicant' field with a placeholder 'Choose Applicant...' and a search icon. Below that is an 'Effective From' field with a date '08/11/2023' and a calendar icon. At the bottom, there are two buttons: 'Cancel' and 'Continue'. An orange arrow points to the 'Continue' button.

## Department Information Section

**Default Org Structure:** Select the department/office that the employee belongs to. Click on the dropdown, then click on Browse to select the department/office.

☒ Department Information

☐ Employee Information

☐ Position Information

### Department Information

Default Org Structure \*

Browse...

11 - 200 RowsDefault OSU SearchColumns (1) (1)

|                                  | Name (Branch)  | Name (College/...       | Name (...)       | Nam...         | ORG Code    |
|----------------------------------|----------------|-------------------------|------------------|----------------|-------------|
|                                  | like           | like                    | like             | starts w       | like        |
|                                  |                |                         |                  |                | Enter Org # |
| <input checked="" type="radio"/> | OSU-Stillwater | BOARD OF REGENTS (ST... | OSU/A&M Board... | OSU/A&M Boa... | 100001      |

**Apply Defaults:** Leave all fields checked and click OK button.

### Apply Defaults

Below are the fields that will be applied with the default values in this cost center. Please ensure to select only the fields to be applied.

| <input checked="" type="checkbox"/> | Field                    | Value To Apply |
|-------------------------------------|--------------------------|----------------|
| <input checked="" type="checkbox"/> | Dept HR Admin            |                |
| <input checked="" type="checkbox"/> | Dashboard Layout Profile |                |

Value

Effective Date

OSU-Stillwater Employee12/31/1900

Close

OK

**Dept HR Admin:** This is pre-populated for you. If not, you may select the person that will be processing the new hire checklist including verifying I-9, etc. after the employee has completed their checklist.

Click on  to browse and select the Dept HR Admin. Select the user by clicking on the first column.

**Browse and Select Employee**

1 of 57 846 Rows [System] Columns (1) (1)

|                       | Employee Id | Username  | First Name  | Last Name   | Employee Status |
|-----------------------|-------------|-----------|-------------|-------------|-----------------|
|                       | starts with | =         | starts with | starts with | !=              |
|                       |             |           |             | Enter Name  | Terminated      |
| <input type="radio"/> | 1374        | dmaaron   | Dawn        | Aaron       | Active          |
| <input type="radio"/> | 1114        | tj.abbott | TJ          | Abbott      | Active          |

Click on Continue button to proceed to Employee Information Section.

### Employee Information Section

**Employee Type: IMPORTANT** – Select the correct employee type as this will control which checklist to assign. If the wrong employee type is selected, employee may need to redo the correct checklist when a correction is made.

- Intl - J1 Exchange Visitor (*Short-term scholar, research scholar, professor, needs legal work authorization*)
- FT Faculty (*Faculty full time employment*)
- Intl - FT Faculty (*International faculty full time employment, needs legal work authorization*)
- FT Staff (*Full time staff member*)
- Intl - FT Staff (*International full time staff member, needs legal work authorization*)
- PT/Temp Faculty (*Faculty part time or temporary employment*)
- Intl - PT/Temp Faculty (*International faculty part time or temporary employment, needs legal work authorization*)
- PT/Temp Staff (*Part time or temporary staff member*)
- Intl - FT Staff (*International full time staff member, needs legal work authorization*)
- CHS Student (*Student employment for CHS campus*)
- Intl - CHS Student (*International student employment for CHS campus, needs legal work authorization*)
- Grad Student (*Graduate student employment*)
- Intl - Grad Student (*International graduate student employment, needs legal work authorization*)
- Undergrad Student – WS (*Undergraduate student employment that has Federal Work Study Grant*)

- Undergrad Student -Non-WS (*Undergraduate student employment that DOES NOT have Federal Work Study Grant*)
- Intl - Undergrad Student (*International undergraduate student employment, needs legal work authorization*)

**Hired:** The first day employee starts working and is the same date you would enter for “Current Hire Date” in Online EPAF.

**Started:** The first day employee starts working and is the same date you would enter for “Current Hire Date” in Online EPAF.

**Contract month begin if less than 12 months:** Select the beginning month of the contract July, August, or September from the dropdown list. This is for employees that are on a less than 12 months contract (*usually for Faculty*).

**Job End Date:** Select the last date employee is on the job. This is for employees with part-time or temporary contract (*usually for Graduate Assistantship employment*).

**First Name:** Enter employee’s legal first name.

**Last Name:** Enter employee’s legal last name.

**Banner ID:** Enter employee’s Banner ID is available. If a student, please complete this field.

**Primary Email:** Enter employee’s email address provided in job application or resume.

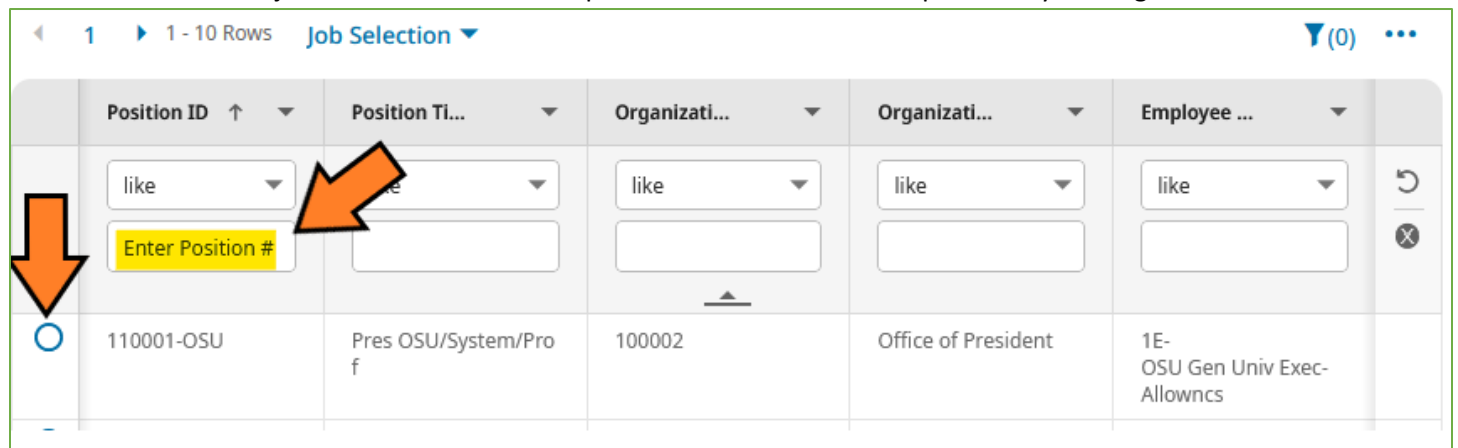
**Employee ID, Username, & New Password:** **IMPORTANT** - Leave it blank to allow UKG system to auto generate.

Click on Continue button to proceed to Position Information Section.

### Position Information Section

**Default Job:** Select employee’s job function.

Click on  to browse job list and search for the position number. Select the position by clicking on the first column.



The screenshot shows a table titled "Job Selection" with 6 columns: Position ID, Position Title, Organization, Organization, and Employee. The first column, "Position ID", is highlighted with an orange arrow. Above the table, there is a search bar with a magnifying glass icon and a yellow button labeled "Enter Position #". Another orange arrow points to the search bar. The table has a header row with dropdown menus for each column. The first row of data shows "110001-OSU" in the first column, "Pres OSU/System/Pro f" in the second, "100002" in the third, "Office of President" in the fourth, and "1E- OSU Gen Univ Exec- Allowncs" in the fifth.

| Position ID | Position Title        | Organization | Organization        | Employee                        |
|-------------|-----------------------|--------------|---------------------|---------------------------------|
| 110001-OSU  | Pres OSU/System/Pro f | 100002       | Office of President | 1E- OSU Gen Univ Exec- Allowncs |

**Reason Code:** Select New Hire or Re-Hire from the dropdown list.

**Working Title:** Enter the employee's working title.

**FTE:** This is the same FTE number you would enter in Online EPAF (1 = full time, 0.75 =  $\frac{3}{4}$  time, 0.5 = half time, etc).

**Pay Type:** Select Hourly or Salary from the dropdown list.

**Factor:** This is the same Factor number you would enter in Online EPAF. This field will be used to compute the monthly salary paid to the employee. Annual Salary divided by Factor is the monthly compensation (for a full month). As a rule, the Factor will be the number of months in the contract / assignment for faculty members, 1 for graduate assistants, 12 for monthly employees, and 26 for part-time student employees and bi-weekly employees.

**Default Labor Distribution:** Select Yes or No from the dropdown list. Are you using the Default Labor Distribution for this position? If not, then additional data will need to be entered after the employee's checklist is complete before the EPAF can be applied.

**Time Entry Method:** Select Web, Third-Party, or Department Entry from the dropdown list.

**Leave Accrual Rule Override:** This is the same category as you would enter for "Job Leave Category" in Online EPAF. This field specifies the leave accrual rule for the job. If an employee is receiving standard accrual for the employee class group, leave it blank. Enter if the employee will accrue leave using a specified leave accrual alternative rule for the employee class group, enter the appropriate leave accrual rule in this field.

**Deferred Salary:** Select Yes or No from the dropdown list. (*Usually for Faculty*)

**Base Compensation:** Click on  to edit employee's pay information.

| Annual ▼       |           |               |                   |    | + Add                                                                                 |
|----------------|-----------|---------------|-------------------|----|---------------------------------------------------------------------------------------|
| Effective From | Annual \$ | Amount \$     | Hours             | PP | Actions                                                                               |
| 12/31/1900     | \$0.00    | \$0.00 / Year | 2080.00hrs / Year | 12 |  |

**Amount:** This is the same number as you would enter for "AnnSalary/ContractAMT" in Online EPAF. Click Save button to complete the Base Compensation.

Edit Base Compensation

Effective From \*

03/21/2023

Amount \*

0.00000

\$

Per

Year

Hours

2080.00

ⓘ

Per

Year

PP in Year \*

12

Cancel

Save

Amount = Employee's salary or pay rate

Per (top) = Year for salary employee and Hour for hourly employee

Hours = 2080 x FTE (For example: 2080x0.5=1040 for Part-Time)

Per (bottom) = Year

PP (Pay Periods) in Year = 12 for monthly employees, 26 for biweekly employees, (9, 10, or 11) for non-salary deferral faculty

Click on Submit button to complete Hire Employee action.

UKG Ready will create an account for this employee based on the information provided and send an email notification with login instructions to the system to complete the New Hire Checklist.

## Hiring International Employees

Follow the Hiring Employees steps above except for Employee Type:

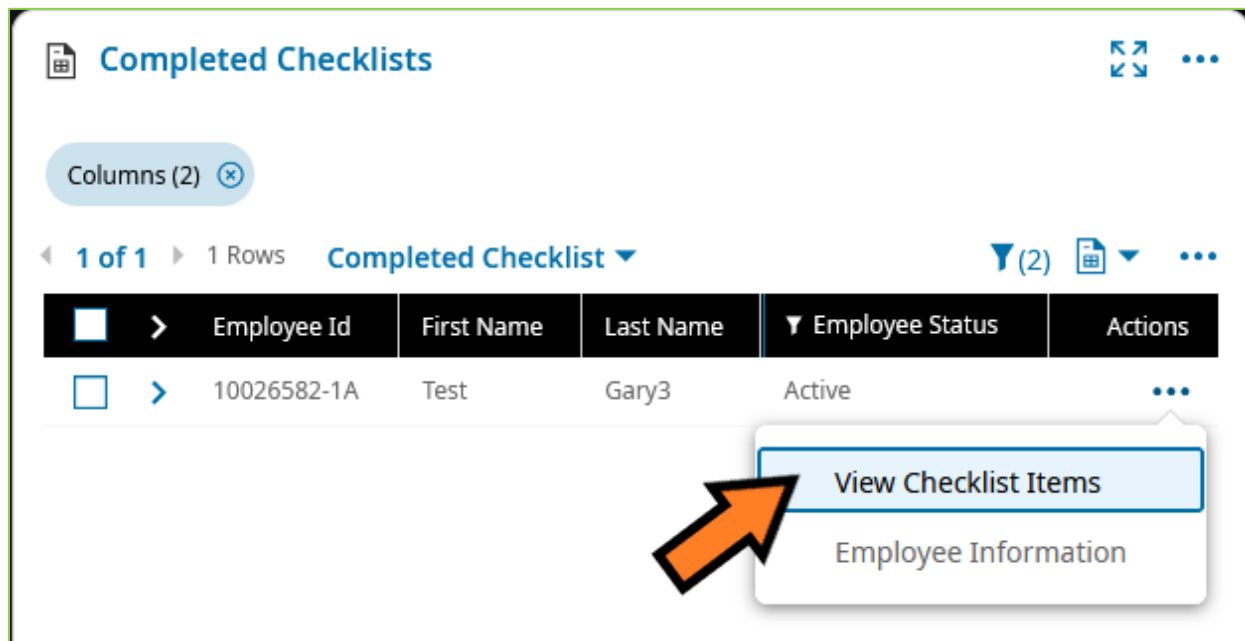
- For J1, International Grad Students, and International Students
  - These steps apply to all J1 Exchange Visitor even if they are in a faculty or staff position.
  - Employees will need to obtain an OSU Work Permit from ISS before completing the checklist.
  - Employee Type: **IMPORTANT** – Select the correct employee type as this will control which checklist to assign. If the wrong employee type is selected, employee may need to redo the correct checklist when correction is made.
    - Intl - J1 Exchange Visitor (*Short-term scholar, research scholar, professor*)
    - Intl - CHS Student (*International student employment for CHS campus*)
    - Intl - Grad Student (*International graduate student employment*)
    - Intl - Undergrad Student (*International undergraduate student employment*)
  - Employee will receive one checklist which includes:
    - PIF info Form, I9 Form, Wage Beneficiary Form, Loyalty Oath Form, Voluntary Self-Identification of Disability, Veteran Voluntary Self-Identification.
    - Upload OSU Work Permit obtained from ISS.
- For International faculty and staff (Full-Time, Part-Time, and Temp)
  - Complete OSU Work Permit form in UKG. Immigration Services Team and Tax/Compliance Team will verify and approve the work permit.
  - Employee Type: **IMPORTANT** – Select the correct employee type as this will control which checklist to assign. If the wrong employee type is selected, employee may need to redo the correct checklist when correction is made.
    - Intl - FT Faculty (*International faculty full time employment*)
    - Intl - FT Staff (*International full time staff member*)
    - Intl - PT/Temp Faculty (*International faculty part time or temporary employment*)
    - Intl - FT Staff (*International full time staff member*)
  - Employees will receive a series of 3 checklists (one checklist at a time) to complete.
    - Checklist 1 – Will be auto assigned when Hire Employee action is complete.
      - PIF Info Form, Wage Beneficiary Form, OTRS Notification Form, Loyalty Oath Form, Voluntary Self-Identification of Disability, Veteran Voluntary Self Identification
      - Upload Immigration Documents
      - OSU Work Permit FormImmigration Services Team and Tax/Compliance Team will review the uploaded immigration documents and work permit in UKG. Tax/Compliance Team will issue a GLACIER account to the employee.
    - Checklist 2 – Will be auto assigned when employee completes checklist 1
      - Upload a copy of the Tax Summary Report from GLACIER Online Tax Compliance SystemTax/Compliance Team will review uploaded immigration documents and Tax Summary Report; and work on approving the work permit.
    - Checklist 3 – Will be auto assigned when Tax/Compliance approves the work permit.
      - I9 Form

**NOTE:** International employees can complete the checklist and I9 without SSN.

## Review Employee Information

No documents need to be printed for the New Hire Team. UKG system will house the scanned documents.

On your Home Dashboard, navigate to the Completed Checklists Widget then click on the “...” for the specific employee and select View Checklist Items.



Click on the “Pencil” to start reviewing the checklist items. Once in the checklist, on your left-hand side, you will see a list of items. You can click on any of the items, for example, Employee Information contains employee’s personal information, biographical information, etc.

The screenshot shows the 'Employee Information Update' form. On the left, there is a sidebar with a list of items: Welcome, Employee Information, Instructions for I-9 and W-4 Forms, and Complete I-9 Form. The main area shows the 'Personal Information Update' form. The form has the following fields: Banner ID (if available) with value A10026582, Preferred Name with value Gary, Middle Name with value -, Social Security with value \*\*\*\*\*6789, Legal First Name with value Test, and Last Name (Family name / Surname) with value Gary3.

As you go through each item, you can review submitted information from the employee. Take note of any data that needs changed. You are not able to make changes while in checklist view.

To make changes, navigate to Home Dashboard by clicking on OSU logo. On the Completed Checklist Widget, click on the “...” for the specific employee and select “Employee Information”.

Completed Checklists

Columns (2)

1 of 11 RowsCompleted Checklist

>

Employee Id

First Name

Last Name

▼

Employee Status

Actions

>

10026582-1ATestGary3Active

View Checklist Items

Employee Information

Depending on the changes, some fields are on “Main” tab while others are on “HR” tab.

MainHRSchedulesEdit Tabs

Account Information

Two-Factor Authentication

Managers

Cost Centers

Account Information

Username\*test.gary3

Middle

Locale (Language & Format)Company Default

Salutation

Last Name\*Gary3

Time ZoneCentral

Nickname

Suffix

Locked

## I9 Verification/Processing

You can process I9 within this checklist. To process I9, click on “Complete I-9 Form” on the left-hand side checklist items.

The screenshot shows a checklist on the left with items: Welcome, Employee Information, Instructions for I-9 and W-4 Forms, and Complete I-9 Form (highlighted). Below the checklist, it says "Click **Submit I-9** to sign the document" and "Completed By: Test Gary3", "Completed On: 03/21/2023". The main area shows the "Form I9" header with buttons for "Download PDF", "Reject I9", and "Save And Verify". Below the header, it says "Status: Employee Completed". The form itself is divided into three columns: List A (Identity and Employment Authorization), List B (Identity), and List C (Employment Authorization). Each column has fields for Document Title, Issuing Authority, Document Number, and Expiration Date. An orange arrow points to the "Complete I-9 Form" item in the checklist.

You can also process I9 from the I9 to be Processed widget. On your Home Dashboard, navigate to the I9s Widget then click on the ellipsis "...".

The screenshot shows the "I9s" widget with a table of "I-9s to be Processed". The table has columns for Employee Id, First Name, and Actions. One row is visible with Employee Id "10026582-1A" and First Name "Test". An orange arrow points to the ellipsis menu in the Actions column, which is open and shows options: "Delete I9", "View Form I9", "Employee Information", and "Employee Quick Links And Actions".

Review Section 1, and if there are mistakes and need corrections, click on “Reject I9” button. This will allow employees to correct their mistakes and resubmit. You will need to notify employees manually as this action will not send an email notification to employees.

The screenshot shows the "Form I9" header with buttons for "Download PDF", "Reject I9", "Save And Verify", and "Switch To External Verify". Below the header, it says "Status: Employee Completed". The form itself is divided into three columns: List A (Identity and Employment Authorization), List B (Identity), and List C (Employment Authorization). Each column has fields for Document Title, Issuing Authority, Document Number, and Expiration Date. An orange arrow points to the "Reject I9" button.

If all is good in Section 1, complete Section 2. If you remotely examine employee's I9 via a live video, you will need to:

Check the box in the Additional Information field highlighted in yellow below.

| <b>Section 2. Employer Review and Verification:</b> Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions. |                                                                                                                                                                                                  |    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | List A                                                                                                                                                                                           | OR | List B AND List C |
| Document Title 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                  |    |                   |
| Issuing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |    |                   |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |    |                   |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |    |                   |
| Document Title 2 (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Additional Information</b><br><br><br><br><br><br><br><br><br><br><input checked="" type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |    |                   |
| Issuing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |    |                   |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |    |                   |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |    |                   |
| Document Title 3 (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |    |                   |
| Issuing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |    |                   |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |    |                   |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |    |                   |
| First Day of Employment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |    |                   |

Click on "Save And Verify" button to sign the document.

**Form I9**  

**Download PDF** **Reject I9** **Save And Verify** **Switch To External Verify**

Status: Employee Completed

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

|                                     |  |                         |                         |      |                                |
|-------------------------------------|--|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> |  | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|                                     |  | Tan                     | Gary                    | -    | 1                              |

| List A                                | OR | List B                                | AND | List C                                |
|---------------------------------------|----|---------------------------------------|-----|---------------------------------------|
| Identity and Employment Authorization |    | Identity                              |     | Employment Authorization              |
| Document Title                        |    | Document Title                        |     | Document Title                        |
| ① U.S. Passport                       |    | ① N/A                                 |     | ① N/A                                 |
| Issuing Authority                     |    | Issuing Authority                     |     | Issuing Authority                     |
| ① U.S. Department Of State            |    | ① N/A                                 |     | ① N/A                                 |
| Document Number                       |    | Document Number                       |     | Document Number                       |
| ① 123456789                           |    | ① N/A                                 |     | ① N/A                                 |
| Expiration Date (if any) (mm/dd/yyyy) |    | Expiration Date (if any) (mm/dd/yyyy) |     | Expiration Date (if any) (mm/dd/yyyy) |
| ① 03/02/2026                          |    |                                       |     |                                       |

Type your name to sign and enter the employee start date (Note: The Date Started needs to be within 90 days of the day of I9 processing. For example, if today is 8/15, the Date Started can be before 11/13)

Verify I9 Acknowledgement

Please type your full name to confirm: Gary Tan

Full Employee Name \*

Gary Tan

Please read all information below. Populating required fields and clicking 'I Agree' button below will mark this form as verified and will prevent any further changes.

I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year):

Date Started \*

03/21/2023

and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Cancel

I Agree

**IMPORTANT:** **DO NOT** ever click on “Mark E-Verify Completed” button. (The “Mark E-Verify Completed” button will lock down the I9 for correction if needed later). Leave this action for the New Hire Team.

Complete E-Verify and download a copy of the summary. To upload the E-Verify summary, Social Security, and/or any other identification documents to UKG, click on the paperclip link.

Form I9

Download PDF
Reject I9
Save And Verify
Switch To External Verify

Status: Employee Completed

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 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 |
|                              |  | Tan                     | Gary                    | -    | 1                              |

List A  
Identity and Employment Authorization

OR

List B  
Identity

AND

List C  
Employment Authorization

|                                                                                                                                                                         |                                                                                                                          |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Document Title<br>U.S. Passport<br>Issuing Authority<br>U.S. Department Of State<br>Document Number<br>123456789<br>Expiration Date (if any) (mm/dd/yyyy)<br>03/02/2026 | Document Title<br>N/A<br>Issuing Authority<br>N/A<br>Document Number<br>N/A<br>Expiration Date (if any) (mm/dd/yyyy)<br> | Document Title<br>N/A<br>Issuing Authority<br>N/A<br>Document Number<br>N/A<br>Expiration Date (if any) (mm/dd/yyyy)<br> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

Click on “Choose” button to select your file.

Supporting Documents

A maximum of 5 files are allowed to be selected per upload.

Upload Document

Choose
No file chosen

Close

Click on “Upload” button.

The image displays two side-by-side screenshots of a web application's 'Supporting Documents' modal. Both modals have a title bar with a close button (X). Inside each modal, there is a section for 'File 1' which includes a file name 'BlankDocument.Pdf' with an upload icon and a trash icon. Below this, there are two input fields: 'Display Name' with the value 'BlankDocument.pdf' and 'Document Type' with a dropdown menu. In the left modal, the 'Document Type' dropdown is set to 'SSN Document'. In the right modal, it is set to 'E-Verify Document'. Both modals feature an 'Upload' button and a 'Close' button at the bottom.

You have successfully processed the I9. **DO NOT** click on “Mark E-Verify Completed” button. (The “Mark E-Verify Completed” button will lock down the I9 for correction if needed later). Leave this action for the New Hire Team.

Due to the many possible combinations of documents and not being able to ask for specific documents that can be used for I9 verification, it is impossible to provide sample I9s for non-international. Administrators can refer to Form I9 Acceptable Documents <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> for reference.

## **I9 Verification/Processing for International Employees**

Follow the I9 Verification/Processing above. Administrator can still verify I9 for international employees that do not have a Social Security Number yet. Below are samples of international employees' I9.

Administrator will need to email New Hire Team [newhire@okstate.edu](mailto:newhire@okstate.edu) to get a temporary social security number for Banner:

Email subject: Temp Social for International Employee

Email body: Employee name and UKG ID

Employees that do not have a Social Security Number yet, New Hire Team will tag the I9 with "Temp Social" as an identifier until it can be processed further when the employee receives their Social Security Cards. This will not delay the EPAF process.

Administrators will need to email the New Hire Team to notify them that the employee received their Social Security Number from SSA. You will need to click on the "Unverify I9" button and then the "Reject I9" button in UKG, this will allow the employee to insert their Social Security Number. Once employee re-submit their I9 with the Social Security Number, you can re-verify their I9.

Review Section 1 and 2. If all is correct, click on "Save And Verify" button to sign the document.



F-1 Student

**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

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

|                                     |                                            |                                         |                    |                                            |
|-------------------------------------|--------------------------------------------|-----------------------------------------|--------------------|--------------------------------------------|
| <b>Employee Info from Section 1</b> | <b>Last Name (Family Name)</b><br>SEINFELD | <b>First Name (Given Name)</b><br>JERRY | <b>M.I.</b><br>N/A | <b>Citizenship/Immigration Status</b><br>4 |
|-------------------------------------|--------------------------------------------|-----------------------------------------|--------------------|--------------------------------------------|

**List A**  
 Identify and Employment Authorization

OR

**List B**  
 Identity

AND

**List C**  
 Employment Authorization

|                                                                                                                                                                                                                         |                                                                                                                                                        |                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Document Title</b><br>Foreign Passport, work-authorized nonimmigrant<br><b>Issuing Authority</b><br>Kazakhstan<br><b>Document Number</b><br>W8521385444<br><b>Expiration Date (if any)(mm/dd/yyyy)</b><br>01/01/2035 | <b>Document Title</b><br>N/A<br><b>Issuing Authority</b><br>N/A<br><b>Document Number</b><br>N/A<br><b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A | <b>Document Title</b><br>N/A<br><b>Issuing Authority</b><br>N/A<br><b>Document Number</b><br>N/A<br><b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A |
| <b>Document Title</b><br>Form I-94/I-94A<br><b>Issuing Authority</b><br>U.S. Customs and Border Protection<br><b>Document Number</b><br>98514720325<br><b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A               | <b>Additional Information</b><br><div style="border: 1px solid black; height: 150px; width: 100%;"></div>                                              |                                                                                                                                                        |
| <b>Document Title</b><br>Form I-20<br><b>Issuing Authority</b><br>U.S. Immigration and Customs Enforcement<br><b>Document Number</b><br>N0085964412<br><b>Expiration Date (if any)(mm/dd/yyyy)</b><br>05/31/2023        |                                                                                                                                                        |                                                                                                                                                        |

QR Code - Section 2  
 Do Not Write In This Space  


**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy):   (See instructions for exemptions)

|                                                                              |                                                                              |                                                                              |                                                                              |                                                                              |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Signature of Employer or Authorized Representative</b>                    |                                                                              | <b>Today's Date (mm/dd/yyyy)</b>                                             | <b>Title of Employer or Authorized Representative</b>                        |                                                                              |
| <span style="border: 1px solid black; display: block; height: 20px;"></span> |                                                                              | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> |                                                                              |
| <b>Last Name of Employer or Authorized Representative</b>                    | <b>First Name of Employer or Authorized Representative</b>                   | <b>Employer's Business or Organization Name</b>                              |                                                                              |                                                                              |
| <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> |                                                                              |                                                                              |
| <b>Employer's Business or Organization Address (Street Number and Name)</b>  |                                                                              | <b>City or Town</b>                                                          | <b>State</b>                                                                 | <b>ZIP Code</b>                                                              |
| <span style="border: 1px solid black; display: block; height: 20px;"></span> |                                                                              | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> |

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

|                                                                              |                                                                              |                                                                              |                                                                              |  |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| <b>A. New Name (if applicable)</b>                                           |                                                                              |                                                                              | <b>B. Date of Rehire (if applicable)</b>                                     |  |
| <b>Last Name (Family Name)</b>                                               | <b>First Name (Given Name)</b>                                               | <b>Middle Initial</b>                                                        | <b>Date (mm/dd/yyyy)</b>                                                     |  |
| <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> |  |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                                                                              |                                                                              |                                                                              |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Document Title</b>                                                        | <b>Document Number</b>                                                       | <b>Expiration Date (if any) (mm/dd/yyyy)</b>                                 |
| <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> |

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.

|                                                                              |                                                                              |                                                                              |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Signature of Employer or Authorized Representative</b>                    | <b>Today's Date (mm/dd/yyyy)</b>                                             | <b>Name of Employer or Authorized Representative</b>                         |
| <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> | <span style="border: 1px solid black; display: block; height: 20px;"></span> |



J-1  
Employee

**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

**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 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)<br>WESTBROOK | First Name (Given Name)<br>RUSSELL | M.I.<br>N/A | Citizenship/Immigration Status<br>4 |
|------------------------------|--------------------------------------|------------------------------------|-------------|-------------------------------------|

**List A**  
Identity and Employment Authorization

OR

**List B**  
Identity

AND

**List C**  
Employment Authorization

|                                                                         |                                                          |                                                    |
|-------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| <b>Document Title</b><br>Foreign Passport, work-authorized nonimmigrant | <b>Document Title</b><br>N/A                             | <b>Document Title</b><br>N/A                       |
| <b>Issuing Authority</b><br>Nigeria                                     | <b>Issuing Authority</b><br>N/A                          | <b>Issuing Authority</b><br>N/A                    |
| <b>Document Number</b><br>P85466211                                     | <b>Document Number</b><br>N/A                            | <b>Document Number</b><br>N/A                      |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>11/08/2030               | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A       | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A |
| <b>Document Title</b><br>Form I-94/I-94A                                | <b>Additional Information</b>                            |                                                    |
| <b>Issuing Authority</b><br>U.S. Customs and Border Protection          |                                                          |                                                    |
| <b>Document Number</b><br>85421796385                                   |                                                          |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                      |                                                          |                                                    |
| <b>Document Title</b><br>Form DS-2019                                   |                                                          |                                                    |
| <b>Issuing Authority</b><br>U.S. Department of State                    | <b>QR Code - Section 2</b><br>Do Not Write In This Space |                                                    |
| <b>Document Number</b><br>N0014528765                                   |                                                          |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>12/30/2020               |                                                          |                                                    |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy):  (See instructions for exemptions)

|                                                                      |                           |                                                     |                                          |
|----------------------------------------------------------------------|---------------------------|-----------------------------------------------------|------------------------------------------|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative      |                                          |
| Last Name of Employer or Authorized Representative                   |                           | First Name of Employer or Authorized Representative | Employer's Business or Organization Name |
| Employer's Business or Organization Address (Street Number and Name) |                           | City or Town                                        | State ZIP Code                           |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |                                          |  |
|------------------------------------|-------------------------|----------------|------------------------------------------|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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 |
|----------------------------------------------------|---------------------------|-----------------------------------------------|



Employee  
with  
EAD Card

**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

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

|                                     |                                              |                                       |                    |                                            |
|-------------------------------------|----------------------------------------------|---------------------------------------|--------------------|--------------------------------------------|
| <b>Employee Info from Section 1</b> | <b>Last Name (Family Name)</b><br>KARDASHIAN | <b>First Name (Given Name)</b><br>KIM | <b>M.I.</b><br>N/A | <b>Citizenship/Immigration Status</b><br>4 |
|-------------------------------------|----------------------------------------------|---------------------------------------|--------------------|--------------------------------------------|

**List A**  
**Identify and Employment Authorization**

OR

**List B**  
**Identity**

AND

**List C**  
**Employment Authorization**

|                                                                       |                                                                                     |                                                    |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Document Title</b><br>Employment Auth. Document (Form I-766)       | <b>Document Title</b><br>N/A                                                        | <b>Document Title</b><br>N/A                       |
| <b>Issuing Authority</b><br>U.S. Citizenship and Immigration Services | <b>Issuing Authority</b><br>N/A                                                     | <b>Issuing Authority</b><br>N/A                    |
| <b>Document Number</b><br>123-456-789                                 | <b>Document Number</b><br>N/A                                                       | <b>Document Number</b><br>N/A                      |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>12/31/2020             | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                                  | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A |
| <b>Document Title</b><br>N/A                                          | <b>Additional Information</b>                                                       |                                                    |
| <b>Issuing Authority</b><br>N/A                                       |                                                                                     |                                                    |
| <b>Document Number</b><br>N/A                                         |                                                                                     |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                    |                                                                                     |                                                    |
| <b>Document Title</b><br>N/A                                          |                                                                                     |                                                    |
| <b>Issuing Authority</b><br>N/A                                       |  |                                                    |
| <b>Document Number</b><br>N/A                                         |                                                                                     |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                    |                                                                                     |                                                    |
| <b>Document Title</b><br>N/A                                          |                                                                                     |                                                    |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|                                                                             |                                                            |                                                       |                 |
|-----------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|-----------------|
| <b>Signature of Employer or Authorized Representative</b>                   | <b>Today's Date (mm/dd/yyyy)</b>                           | <b>Title of Employer or Authorized Representative</b> |                 |
| <b>Last Name of Employer or Authorized Representative</b>                   | <b>First Name of Employer or Authorized Representative</b> | <b>Employer's Business or Organization Name</b>       |                 |
| <b>Employer's Business or Organization Address (Street Number and Name)</b> |                                                            | <b>City or Town</b>                                   | <b>State</b>    |
|                                                                             |                                                            |                                                       | <b>ZIP Code</b> |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                                |                       |                                          |  |
|------------------------------------|--------------------------------|-----------------------|------------------------------------------|--|
| <b>A. New Name (if applicable)</b> |                                |                       | <b>B. Date of Rehire (if applicable)</b> |  |
| <b>Last Name (Family Name)</b>     | <b>First Name (Given Name)</b> | <b>Middle Initial</b> | <b>Date (mm/dd/yyyy)</b>                 |  |
|                                    |                                |                       |                                          |  |

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

|                       |                        |                                              |
|-----------------------|------------------------|----------------------------------------------|
| <b>Document Title</b> | <b>Document Number</b> | <b>Expiration Date (if any) (mm/dd/yyyy)</b> |
|                       |                        |                                              |

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.

|                                                           |                                  |                                                      |
|-----------------------------------------------------------|----------------------------------|------------------------------------------------------|
| <b>Signature of Employer or Authorized Representative</b> | <b>Today's Date (mm/dd/yyyy)</b> | <b>Name of Employer or Authorized Representative</b> |
|                                                           |                                  |                                                      |



Employee  
With Pending  
EAD extension

**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

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

|                                     |                                           |                                           |                    |                                            |
|-------------------------------------|-------------------------------------------|-------------------------------------------|--------------------|--------------------------------------------|
| <b>Employee Info from Section 1</b> | <b>Last Name (Family Name)</b><br>KNOWLES | <b>First Name (Given Name)</b><br>BEYONCE | <b>M.I.</b><br>N/A | <b>Citizenship/Immigration Status</b><br>4 |
|-------------------------------------|-------------------------------------------|-------------------------------------------|--------------------|--------------------------------------------|

**List A**  
**Identity and Employment Authorization**

OR

**List B**  
**Identity**

AND

**List C**  
**Employment Authorization**

|                                                                       |                                                                                                                                                 |                                                    |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Document Title</b><br>Employment Auth. Document (Form I-766)       | <b>Document Title</b><br>N/A                                                                                                                    | <b>Document Title</b><br>N/A                       |
| <b>Issuing Authority</b><br>U.S. Citizenship and Immigration Services | <b>Issuing Authority</b><br>N/A                                                                                                                 | <b>Issuing Authority</b><br>N/A                    |
| <b>Document Number</b><br>123-456-789                                 | <b>Document Number</b><br>N/A                                                                                                                   | <b>Document Number</b><br>N/A                      |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>08/02/2018             | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                                                                                              | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A |
| <b>Document Title</b><br>N/A                                          | <b>Additional Information</b><br>180 Day Extension                                                                                              |                                                    |
| <b>Issuing Authority</b><br>N/A                                       |                                                                                                                                                 |                                                    |
| <b>Document Number</b><br>N/A                                         |                                                                                                                                                 |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                    |                                                                                                                                                 |                                                    |
| <b>Document Title</b><br>N/A                                          |                                                                                                                                                 |                                                    |
| <b>Issuing Authority</b><br>N/A                                       | <b>QR Code - Section 2</b><br>Do Not Write In This Space<br> |                                                    |
| <b>Document Number</b><br>N/A                                         |                                                                                                                                                 |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                    |                                                                                                                                                 |                                                    |
| <b>Document Title</b><br>N/A                                          |                                                                                                                                                 |                                                    |
| <b>Issuing Authority</b><br>N/A                                       |                                                                                                                                                 |                                                    |
| <b>Document Number</b><br>N/A                                         |                                                                                                                                                 |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                    |                                                                                                                                                 |                                                    |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|                                                                             |                                                            |                                                       |                 |
|-----------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|-----------------|
| <b>Signature of Employer or Authorized Representative</b>                   | <b>Today's Date (mm/dd/yyyy)</b>                           | <b>Title of Employer or Authorized Representative</b> |                 |
| <b>Last Name of Employer or Authorized Representative</b>                   | <b>First Name of Employer or Authorized Representative</b> | <b>Employer's Business or Organization Name</b>       |                 |
| <b>Employer's Business or Organization Address (Street Number and Name)</b> |                                                            | <b>City or Town</b>                                   | <b>State</b>    |
|                                                                             |                                                            |                                                       | <b>ZIP Code</b> |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                                |                       |                                          |
|------------------------------------|--------------------------------|-----------------------|------------------------------------------|
| <b>A. New Name (if applicable)</b> |                                |                       | <b>B. Date of Rehire (if applicable)</b> |
| <b>Last Name (Family Name)</b>     | <b>First Name (Given Name)</b> | <b>Middle Initial</b> | <b>Date (mm/dd/yyyy)</b>                 |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                       |                        |                                              |
|-----------------------|------------------------|----------------------------------------------|
| <b>Document Title</b> | <b>Document Number</b> | <b>Expiration Date (if any) (mm/dd/yyyy)</b> |
|-----------------------|------------------------|----------------------------------------------|

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.

|                                                           |                                  |                                                      |
|-----------------------------------------------------------|----------------------------------|------------------------------------------------------|
| <b>Signature of Employer or Authorized Representative</b> | <b>Today's Date (mm/dd/yyyy)</b> | <b>Name of Employer or Authorized Representative</b> |
|-----------------------------------------------------------|----------------------------------|------------------------------------------------------|



H1B/E-3/0-1  
Employee

**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

**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 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)<br>GAGA | First Name (Given Name)<br>LADY | M.I.<br>N/A | Citizenship/Immigration Status<br>4 |
|------------------------------|---------------------------------|---------------------------------|-------------|-------------------------------------|

**List A**  
Identity and Employment Authorization

OR

**List B**  
Identity

AND

**List C**  
Employment Authorization

|                                                                         |                                                                                                                                                 |                                                    |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Document Title</b><br>Foreign Passport, work-authorized nonimmigrant | <b>Document Title</b><br>N/A                                                                                                                    | <b>Document Title</b><br>N/A                       |
| <b>Issuing Authority</b><br>Australia                                   | <b>Issuing Authority</b><br>N/A                                                                                                                 | <b>Issuing Authority</b><br>N/A                    |
| <b>Document Number</b><br>K85141574                                     | <b>Document Number</b><br>N/A                                                                                                                   | <b>Document Number</b><br>N/A                      |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>10/31/2029               | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                                                                                              | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A |
| <b>Document Title</b><br>Form I-94/I-94A                                | <b>Additional Information</b>                                                                                                                   |                                                    |
| <b>Issuing Authority</b><br>U.S. Citizenship and Immigration Service    |                                                                                                                                                 |                                                    |
| <b>Document Number</b><br>58155740236                                   |                                                                                                                                                 |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>11/15/2021               |                                                                                                                                                 |                                                    |
| <b>Document Title</b><br>[Redacted]                                     |                                                                                                                                                 |                                                    |
| <b>Issuing Authority</b><br>[Redacted]                                  | <b>QR Code - Section 2</b><br>Do Not Write In This Space<br> |                                                    |
| <b>Document Number</b><br>[Redacted]                                    |                                                                                                                                                 |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>[Redacted]               |                                                                                                                                                 |                                                    |
| <b>Document Title</b><br>[Redacted]                                     |                                                                                                                                                 |                                                    |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): [Redacted] (See instructions for exemptions)

|                                                                      |                           |                                                     |                                          |
|----------------------------------------------------------------------|---------------------------|-----------------------------------------------------|------------------------------------------|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative      |                                          |
| Last Name of Employer or Authorized Representative                   |                           | First Name of Employer or Authorized Representative | Employer's Business or Organization Name |
| Employer's Business or Organization Address (Street Number and Name) |                           | City or Town                                        | State ZIP Code                           |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |                                          |  |
|------------------------------------|-------------------------|----------------|------------------------------------------|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

|                                                                                                                                                                                                                           |                 |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|
| <b>C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.</b> |                 |                                       |
| Document Title                                                                                                                                                                                                            | Document Number | Expiration Date (if any) (mm/dd/yyyy) |

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 |
|----------------------------------------------------|---------------------------|-----------------------------------------------|



H1B Transfer

**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

**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 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)<br>CLOONEY | First Name (Given Name)<br>GEORGE | M.I.<br>N/A | Citizenship/Immigration Status<br>4 |
|------------------------------|------------------------------------|-----------------------------------|-------------|-------------------------------------|

**List A**  
Identity and Employment Authorization

OR

**List B**  
Identity

AND

**List C**  
Employment Authorization

|                                                                         |                                                                                     |                                                    |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Document Title</b><br>Foreign Passport, work-authorized nonimmigrant | <b>Document Title</b><br>N/A                                                        | <b>Document Title</b><br>N/A                       |
| <b>Issuing Authority</b><br>France                                      | <b>Issuing Authority</b><br>N/A                                                     | <b>Issuing Authority</b><br>N/A                    |
| <b>Document Number</b><br>B85245874                                     | <b>Document Number</b><br>N/A                                                       | <b>Document Number</b><br>N/A                      |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>04/14/2025               | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A                                  | <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>N/A |
| <b>Document Title</b><br>Form I-94/I-94A                                | <b>Additional Information</b>                                                       |                                                    |
| <b>Issuing Authority</b><br>U.S. Citizenship and Immigration Service    |                                                                                     |                                                    |
| <b>Document Number</b><br>12378546585                                   |                                                                                     |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b><br>05/15/2019               |                                                                                     |                                                    |
| <b>Document Title</b>                                                   |                                                                                     |                                                    |
| <b>Issuing Authority</b>                                                |  |                                                    |
| <b>Document Number</b>                                                  |                                                                                     |                                                    |
| <b>Expiration Date (if any)(mm/dd/yyyy)</b>                             |                                                                                     |                                                    |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|                                                                      |                                                     |                                                |                |
|----------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|----------------|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative |                |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |                |
| Employer's Business or Organization Address (Street Number and Name) |                                                     | City or Town                                   | State ZIP Code |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |                                          |
|------------------------------------|-------------------------|----------------|------------------------------------------|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

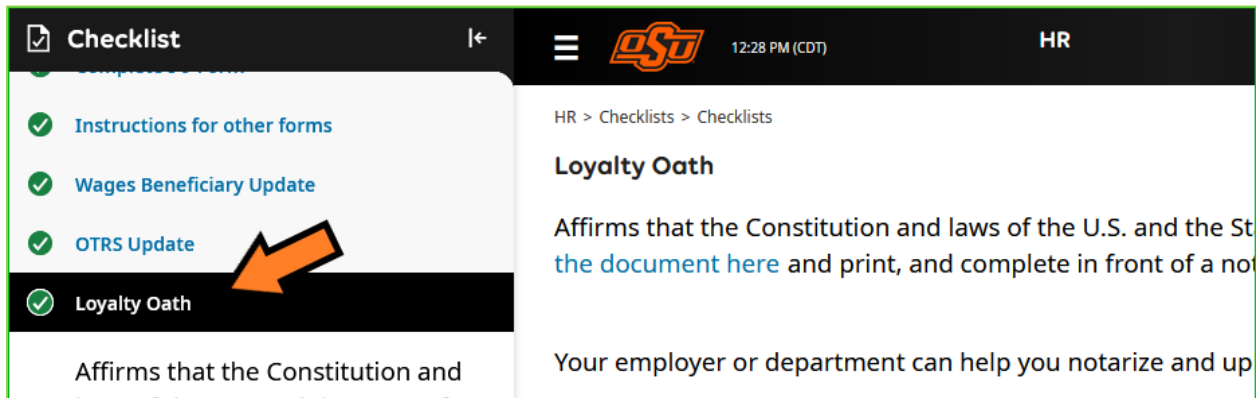
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|                                                    |                           |                                               |
|----------------------------------------------------|---------------------------|-----------------------------------------------|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|----------------------------------------------------|---------------------------|-----------------------------------------------|

## Loyalty Oath Verification/Processing

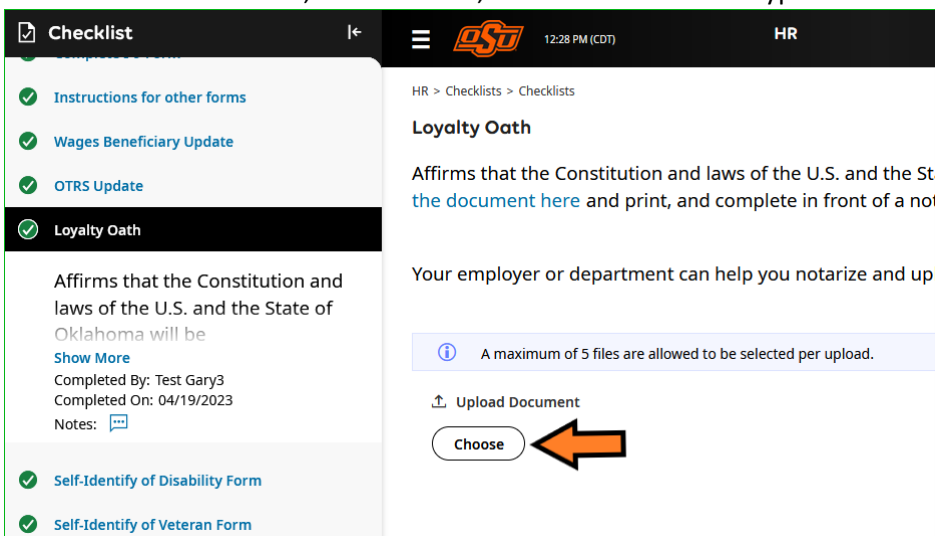
Loyalty Oath will need to be printed either by the employee or the department, signed and notarized in person before being uploaded to UKG checklist.

You can upload a notarized Loyalty Oath within this checklist. To upload Loyalty Oath, click on “Loyalty Oath” on the left-hand side checklist items.



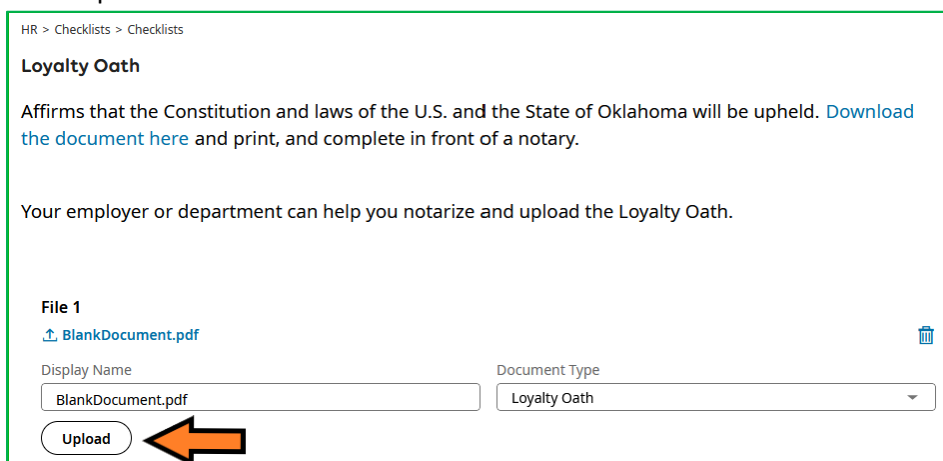
The screenshot shows the UKG Checklist interface. On the left sidebar, under the 'Checklist' header, there is a list of items: 'Instructions for other forms', 'Wages Beneficiary Update', 'OTRS Update', and 'Loyalty Oath'. The 'Loyalty Oath' item is highlighted with a black background and a green checkmark. An orange arrow points to this item. The main content area on the right shows the details for the 'Loyalty Oath' checklist item, including the title 'Loyalty Oath' and the text 'Affirms that the Constitution and laws of the U.S. and the State of Oklahoma will be upheld. [Download the document here](#) and print, and complete in front of a notary. Your employer or department can help you notarize and upload the Loyalty Oath.'

Click on “Choose” button, select the file, and select Document Type



The screenshot shows the UKG Checklist interface. On the left sidebar, under the 'Checklist' header, there is a list of items: 'Instructions for other forms', 'Wages Beneficiary Update', 'OTRS Update', and 'Loyalty Oath'. The 'Loyalty Oath' item is highlighted with a black background and a green checkmark. The main content area on the right shows the details for the 'Loyalty Oath' checklist item, including the title 'Loyalty Oath' and the text 'Affirms that the Constitution and laws of the U.S. and the State of Oklahoma will be upheld. [Download the document here](#) and print, and complete in front of a notary. Your employer or department can help you notarize and upload the Loyalty Oath.' Below this text, there is a section titled 'Upload Document' with a 'Choose' button. An orange arrow points to this button.

Click “Upload” button



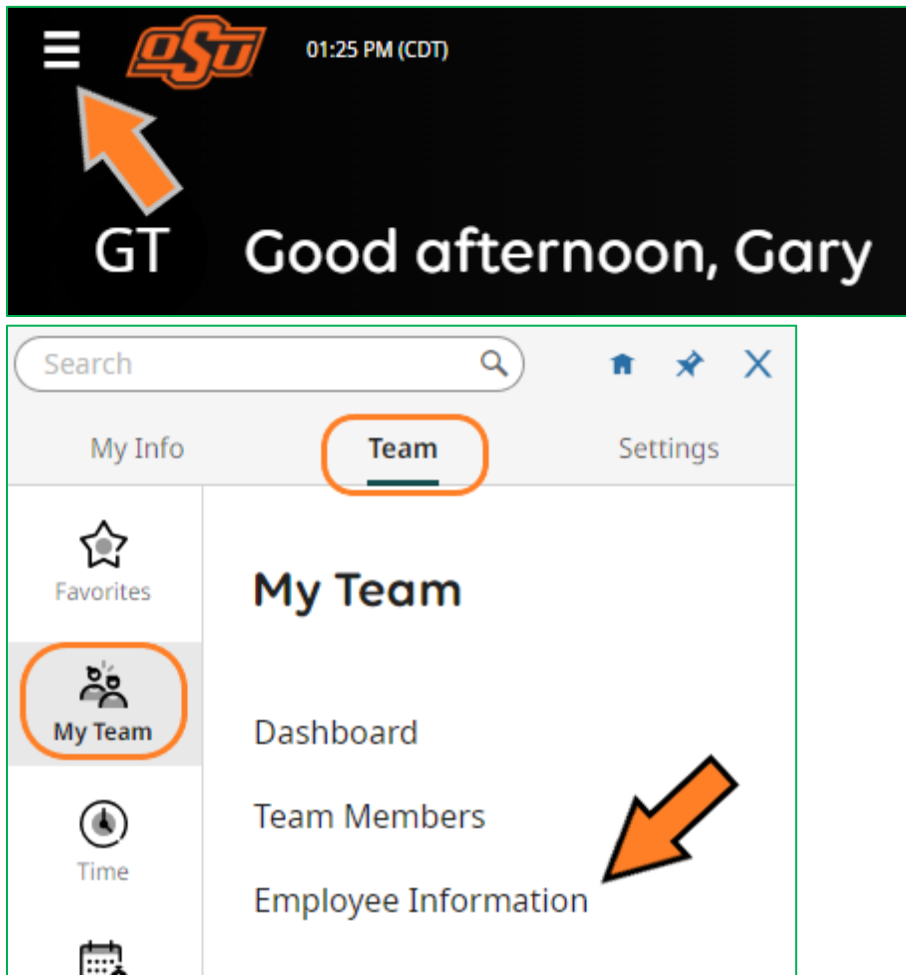
The screenshot shows the UKG Checklist interface. On the left sidebar, under the 'Checklist' header, there is a list of items: 'Instructions for other forms', 'Wages Beneficiary Update', 'OTRS Update', and 'Loyalty Oath'. The 'Loyalty Oath' item is highlighted with a black background and a green checkmark. The main content area on the right shows the details for the 'Loyalty Oath' checklist item, including the title 'Loyalty Oath' and the text 'Affirms that the Constitution and laws of the U.S. and the State of Oklahoma will be upheld. [Download the document here](#) and print, and complete in front of a notary. Your employer or department can help you notarize and upload the Loyalty Oath.' Below this text, there is a section titled 'File 1' with a 'BlankDocument.pdf' file listed. Below the file list, there is a 'Display Name' field with the value 'BlankDocument.pdf' and a 'Document Type' dropdown menu with the value 'Loyalty Oath'. An orange arrow points to the 'Upload' button.

You have successfully uploaded the notarized Loyalty Oath.

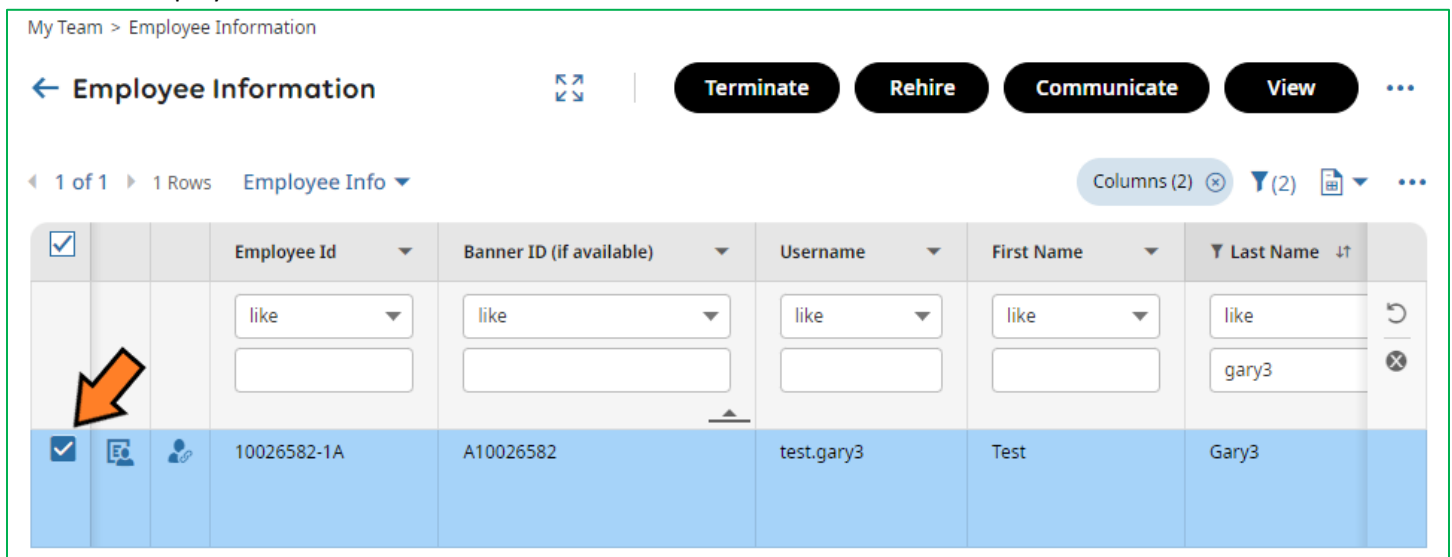
## Resend New Hire (UKG account creation) Email

Have them check their spam or junk folder before initiating a resend.

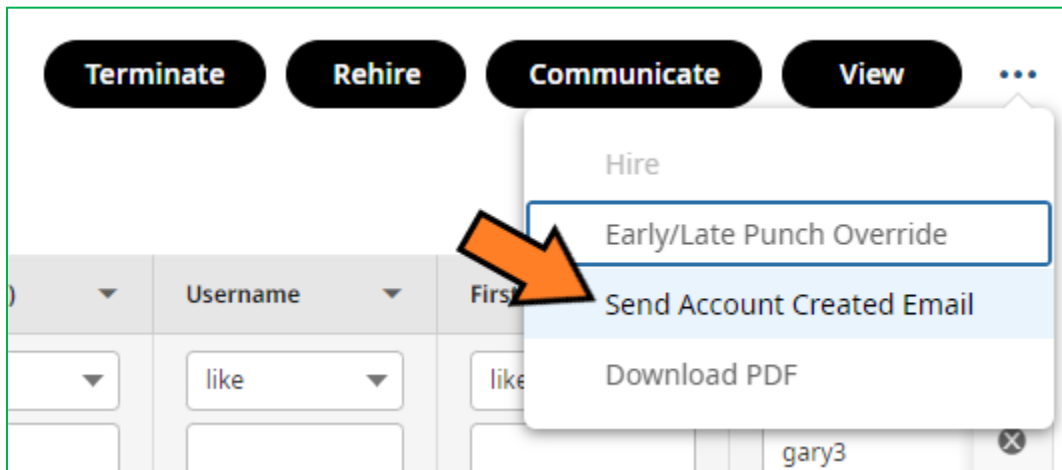
To resend the initial email, click on the hamburger menu on the top left > Team > My Team > Employee Information  
This do not reset the password.



Locate the employee and click the checkbox to the left of their name



Click on “...” > Send Account Created Email > Send button



If you wish to email them directly from your email account, below is the standard info:

Link: <https://secure6.saashr.com/ta/6182890.login?NoRedirect=1>

Username: Can be found on their Employee Information page

Password: Contact [newhire@okstate.edu](mailto:newhire@okstate.edu)

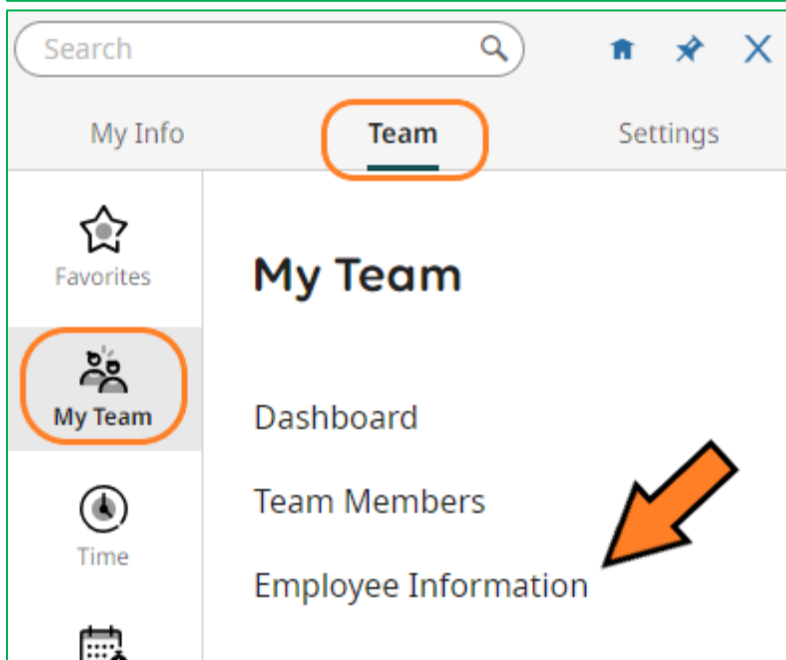
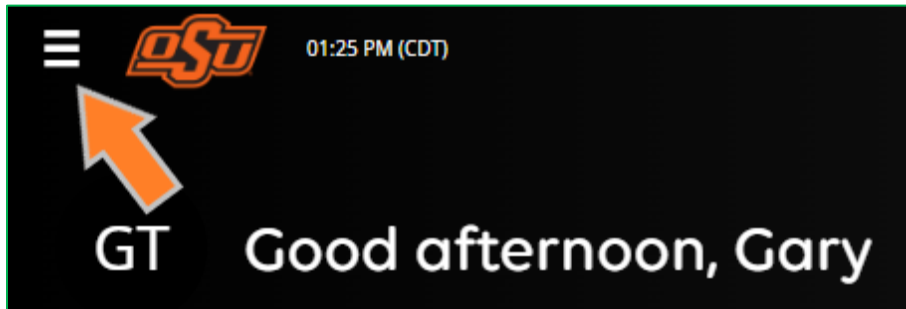
If employees have previously logged in to UKG, the password above will not work. Employees would need to click on the “Forgot your password” link on the login page to reset their password.

## Unlock Employee Account and Clearing Two-Factor Authentication

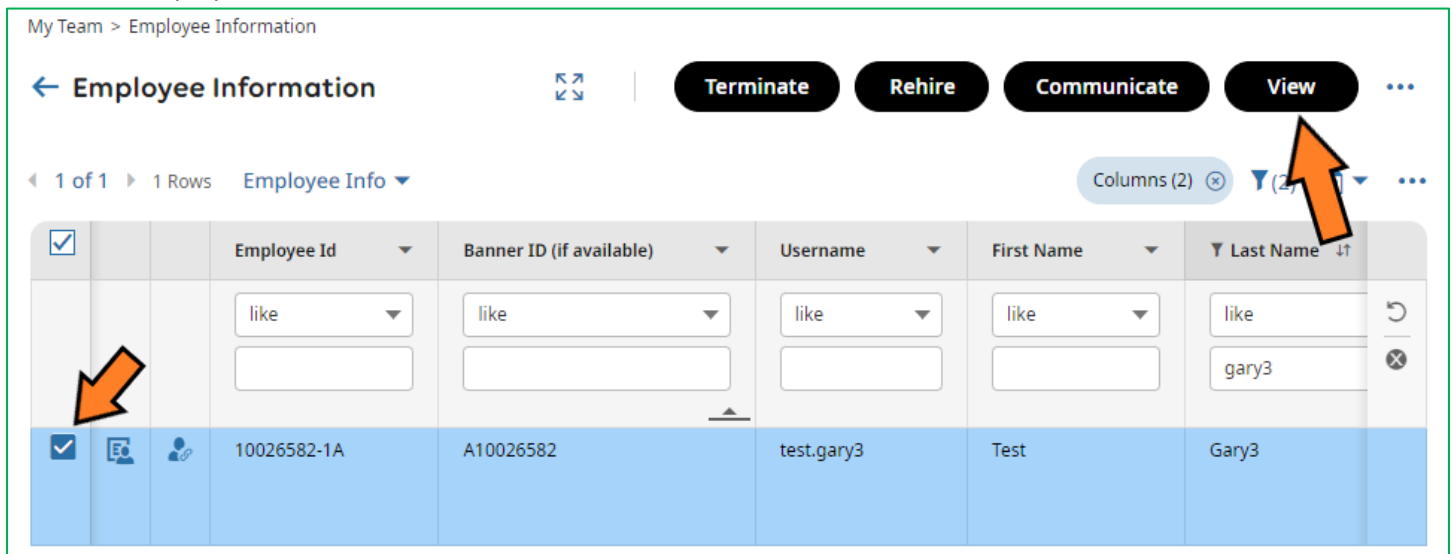
UKG will lock employee account if:

- They have not logged in to UKG within 14 days of account creation.
- Login failed after 5 attempts.

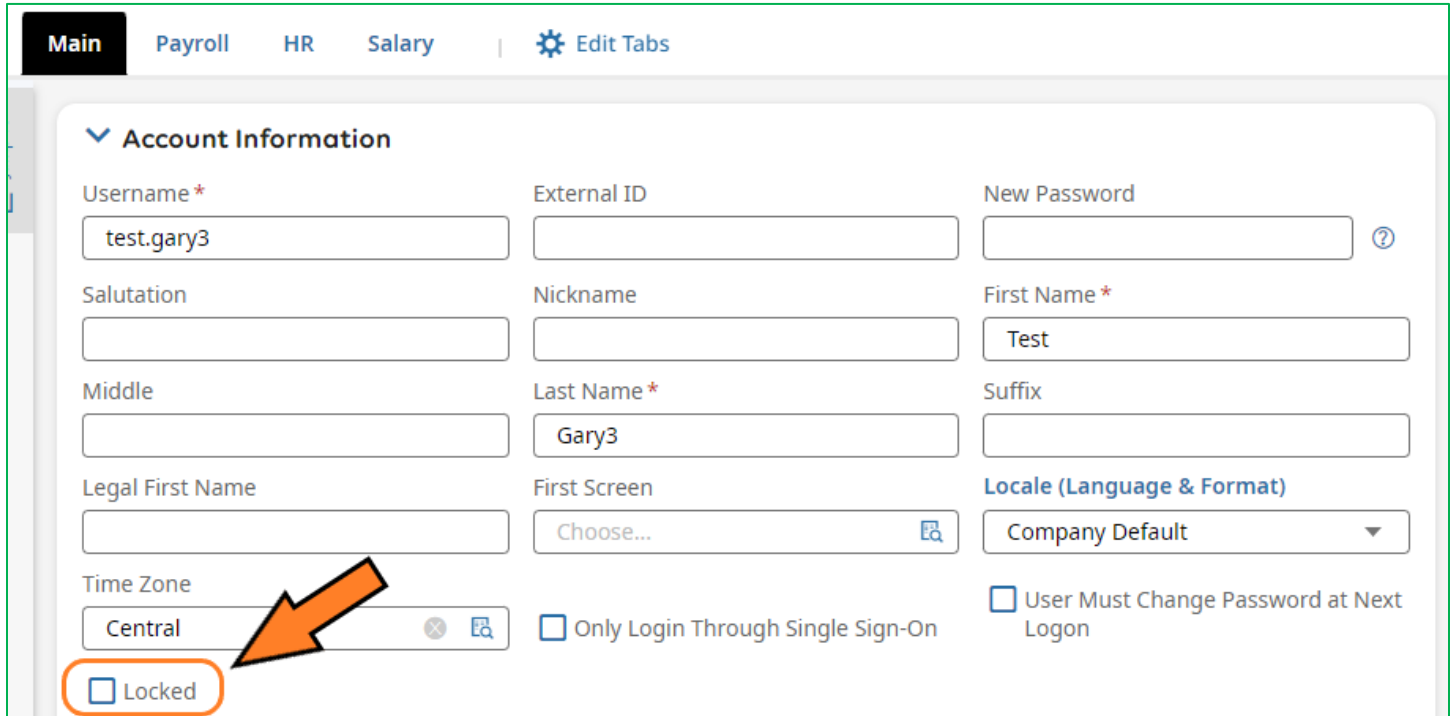
To unlock the account, click on the hamburger menu on the top left > Team > My Team > Employee Information



Locate the employee, click the checkbox to the left of their name, click on View button.



Unchecked the Locked field.



The screenshot shows the 'Account Information' section of a user management interface. It includes fields for Username, External ID, New Password, Salutation, Nickname, First Name, Middle, Last Name, Suffix, Legal First Name, First Screen, and Locale. There are also checkboxes for 'Only Login Through Single Sign-On' and 'User Must Change Password at Next Logon'. The 'Locked' checkbox is highlighted with an orange circle and an arrow pointing to it.

**Main** Payroll HR Salary | Edit Tabs

**Account Information**

Username \* test.gary3 External ID New Password

Salutation Nickname First Name \* Test

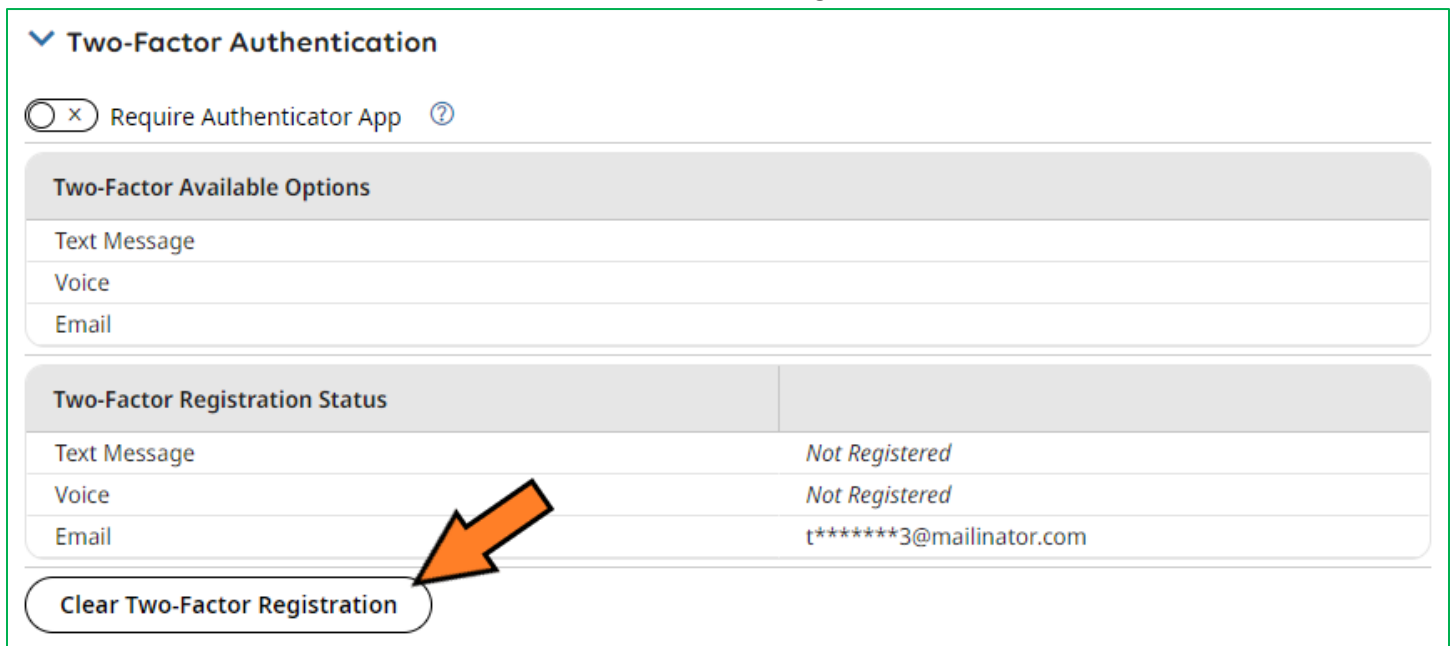
Middle Last Name \* Gary3 Suffix

Legal First Name First Screen Choose... **Locale (Language & Format)** Company Default

Time Zone Central ☐ Only Login Through Single Sign-On ☐ User Must Change Password at Next Logon

☐ Locked

Scroll to Two-Factor Authentication > click the "Clear Two-Factor Registration" button > "Yes" button



The screenshot shows the 'Two-Factor Authentication' section. It includes a toggle for 'Require Authenticator App' and a table of 'Two-Factor Available Options' and 'Two-Factor Registration Status'. The 'Clear Two-Factor Registration' button is highlighted with an orange circle and an arrow pointing to it.

**Two-Factor Authentication**

☐ Require Authenticator App

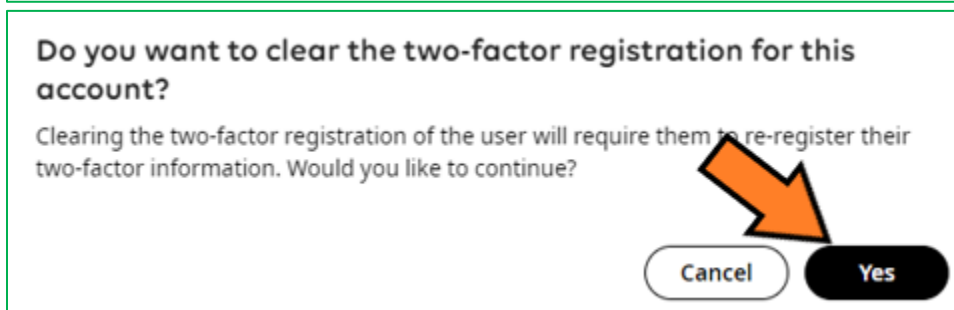
**Two-Factor Available Options**

|              |
|--------------|
| Text Message |
| Voice        |
| Email        |

**Two-Factor Registration Status**

|              |                        |
|--------------|------------------------|
| Text Message | Not Registered         |
| Voice        | Not Registered         |
| Email        | t*****3@mailinator.com |

**Clear Two-Factor Registration**



The screenshot shows a confirmation dialog asking if the user wants to clear the two-factor registration. It includes a warning that the user will need to re-register their two-factor information. The 'Yes' button is highlighted with an orange circle and an arrow pointing to it.

**Do you want to clear the two-factor registration for this account?**

Clearing the two-factor registration of the user will require them to re-register their two-factor information. Would you like to continue?

## FAQs

Additional resources can be found here: <https://hr.okstate.edu/new-hire/ukg-resources.html>