

New Hire Refresher

Presented by Ryan Wilcoxson and Jennifer Hawkins

Who is considered a New Hire?

- ▶ Anyone who has never worked at any OSU location
- ▶ Faculty or Staff with a break in service of more than 30 days
- ▶ Temporary Employee or Student Employee with a break in service of more than six months

The Packet

- ▶ Please use the most current forms from the HR website—they are updated regularly
 - ▶ Tip: Create shortcut to HR website
- ▶ A new hire packet is required after a break in service exceeding 30 days for regular faculty and staff (Benefited) and a break exceeding six months for student and temporary employees (Non-Benefited)
 - ▶ The new EPAF App will guide you to the correct type of EPAF
- ▶ Ensure the packet is complete before sending to HR and EPAF has been submitted
- ▶ Include the Banner ID on each page and make certain that a physical U.S. address and alternate email address are provided. Race/Ethnicity and Gender are required
- ▶ Please make certain that the writing is legible

New Hire Packet Documents

Required Documents

- ▶ PIF- Complete ALL fields
- ▶ Loyalty Oath- Must be notarized
- ▶ I-9- Completed
- ▶ E-Verify- completed no later than 3rd day of employment
 - ▶ **If completed after 3-day grace period, an explanation memo is required**
- ▶ OTR
- ▶ SS card (preferred but not required)
 - ▶ Do not hold packet if social is not used on the I-9 while waiting for a copy

Optional Documents

- ▶ Voluntary Veteran
- ▶ Wage Beneficiary Form
- ▶ Voluntary Disability
 - ▶ Direct Deposit and Withholding is now completed by the Employee on Self Service

The I-9

- ▶ Page 1 should be completed no later than the first day of employment, any fields not used enter N/A
- ▶ Page 2 should be completed no later than 3 days from first day of employment
 - ▶ If page 1 and/or page 2 completed after compliance **dates** an explanation memo is required
- ▶ The first date of employment on the I-9 should match the E-Verify Date, Current Hire Date, and the Personnel Date
- ▶ There is a 15-page instruction book that **MUST** be accessible to the employee either via link to the electronic form or on paper

The I-9 (continued)

- ▶ Each section of the form is signed under penalty of perjury by both the employee and authorized representative
- ▶ Errors should be crossed out and corrections initialed (**No Whiteout!**)
- ▶ P.O. Boxes are not acceptable on the I-9
- ▶ Section 3 shouldn't be completed or signed (ISS will use this section when reverifying visa documents)
- ▶ University Human Resources cannot change the form in any way

I-9 Section 1: Employee information

I-9 reference documents are available at the end of the slides.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

| | | | | | |
|----------------------------------|-----------------------------|---------------------------|--------------------------------|-----------------------------|----------|
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Other Last Names Used (if any) | | |
| Address (Street Number and Name) | | Apt. Number | City or Town | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's E-mail Address | | Employee's Telephone Number | |

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number):

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
Some aliens may write "N/A" in the expiration date field. (See instructions)

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

1. Alien Registration Number/USCIS Number:
OR

2. Form I-94 Admission Number:
OR

3. Foreign Passport Number:
Country of Issuance:

QR Code - Section 1
Do Not Write In This Space

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

- Name on form should match the documentation
- Address needs a physical location. No PO boxes are allowed
- Write “N/A” in any blanks on page 1
- If you helped the employee fill out the form, you must fill out the attestation statement
- Make sure today’s date is the date they sign not their DOB

I-9 Section 2: Department Responsibility

I-9 reference documents are available at the end of the slides.

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

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write in This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

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 |

- Citizen/Immigration Status will be a 1, 2, 3 or 4, corresponding to the box checked in Section 1
- If documents for List A are provided, do not provide any documentation on List B or C
- ***Original documents must be physically seen*** in order to use on the I-9 (a certified copy of a birth certificate works)

I-9 Section 2: Continued

I-9 reference documents are available at the end of the slides.

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

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write in This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

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 |

- The employer may NOT specify which documents to provide
- If List A documents are provided, please include a copy of the List A document with the packet, it is needed to go with the I-9 since E-Verify requires photo matching on List A documents
- Do not request or accept more documentation than is required

I-9 International Employees

- ▶ All international employees **MUST** see a Representative in ISS regardless of visa type.
 - New employees will require the work permit document from ISS
 - Rehires can use work permit document or renewal email from ISS
- ▶ The most common visa types are F-1 and J-1
 - They require List A documents only
 - F-1 should have Foreign Passport, I-94, and I-20
 - J-1 should have Foreign Passport, I-94, and DS-2019
- ▶ ISS will assist the employee with filling out the I-9, obtaining a social security card if needed, tax documents and work permit.
- ▶ If a new international employee is waiting on the social, then newhire can create a temporary social so the employee can start working while waiting on SSA

I-9 Reciprocal Processing

- If you have an out-of-area employee that needs to get the I-9 completed, contact NewHire@Okstate.edu for an I-9 Reciprocal Consortium in their area
- If the employee uses an offsite person to complete page 2, they should have them enter their title as “Authorized Representative” and use an OSU address in those fields

EPAF Tips

- ▶ It is important to remember that the guidelines for biweekly positions are different from monthly
- ▶ Submit the EPAF before you email and send originals of the packet and check to ensure all dates match before sending
- ▶ Ensure your department head approves the EPAF as soon as possible
- ▶ If the EPAF that required a packet, gets approved by us, and then later returned by an approver that comes after the HR Admin level, you ***must*** email newhire@okstate.edu and let us know that we will need to approve it again

EPAF Guidelines

▶ For biweekly dates, the easiest way to remember is to break it down into two groups:

- Query Date
- Job Begin Date
- Job Effective Date

- Current Hire Date
- Personnel Date

▶ Monthly dates will all be the same

Transaction: 185028 Query Date: Feb 10, 2019
 Transaction Status: Pending Last Paid Date:
 Approval Category: New Hourly Employee no end date, NWHRH
 ⏪ Previous Next ⏩

Approve Disapprove Return for Correction More Info [Add Comment](#)

[Approval](#)

[Jump to Bottom](#)

* - indicates a required field.

Create/Change PEAEMPL Record

| Enter Changes | Current Value | New Value |
|----------------------|---------------|-----------------------------------|
| Employee Status: * | | Active |
| Employee Class Code: | | 1U, OSU Gen Univ Bw Stdnt (1.5OT) |
| Current Hire Date: | | 02/11/2019 |
| Home Organization: | | 100116 |
| Benefit Category: | | JS, OSU Students |
| Leave Category Code: | | |
| Home COAS: | | X |

Create New Hourly Job, 702623-00 Stu Wkr

| Enter Changes | Current Value | New Value |
|------------------------|---------------|------------|
| Job Begin Date: * | | 02/10/2019 |
| Jobs Effective Date: * | | 02/10/2019 |
| Personnel Date: * | | 02/11/2019 |

EPAFs Reminders

- ▶ **Please monitor your own EPAF queues**— The system does not send notifications if an approver leaves a comment on an EPAF, so check frequently to ensure there is no delay. If an EPAF is delayed at a particular approval level, prompt the approver or proxy to move it along. Some departments have many approvers, and all the required approvals must take place before the employee is on the system. Encourage approvers to check their queues often and to set up proxies for when they are unavailable
- ▶ We will not approve the EPAF if the PIF, Loyalty Oath, I-9, E-Verify, OTR, or Work Permit for Internationals is incomplete or missing
- ▶ If the EPAF App allows, then enter as Primary if it is going to be the primary position for the employee

Packet Reminders

▶ PIF:

- Make sure all fields on the PIF are complete for New Employees
- Permanent home address - No P.O. Box, must be physical address
- Alternate email for Okey Set-up
- Race/Ethnicity is required

▶ Loyalty Oath

- All fields must be completed and notarized

▶ Please make sure all information is completed on all forms so we do not have to return documents which could cause delays in the approval process

Cont. Reminders

- ▶ Ensure that you are retrieving the necessary forms from the HR website rather than saving them to your computer
- ▶ HR cannot process the EPAF until the department head approves it
- ▶ If you are hiring a temp for the summer, who plans on working 90-days or less at .75 FTE or higher, make sure you put an end date on it, or they will be ACA eligible
- ▶ Do not use Section 3 of the I-9
- ▶ Double check packets before sending to HR
- ▶ Do not hold the packet if you are going to be out and can't run E-Verify, we can run it for you so there is no delay, and we can stay in compliance
- ▶ Ryan's Queue is for EPAF's that need packets and Jennifer's Queue is for EPAF's that don't need a packet

Frequent Problems

- ▶ Date mismatches between the EPAF, E-Verify and/or the I-9
- ▶ Loyalty Oath
 - All fields must be completed and notarized
- ▶ Resubmitted EPAFs
- ▶ We will not approve the EPAF if the PIF, Loyalty Oath, I-9, E-Verify, OTR or Work Permit for Internationals is incomplete or missing
- ▶ EPAF with no packet or packet with no EPAF
- ▶ International I-9's missing/incorrect documents

Resources

- ▶ U.S. Citizenship and Immigration Services
 - <https://eforms.com/verification/uscis-i-9/>
- ▶ Human Resources
 - newhire@okstate.edu
 - Jennifer Hawkins: x5161
 - Ryan Wilcoxson: x2910
 - Liz Tarbutton: x5448
- ▶ International Students and Scholars
 - Kee Luck: x5482
- ▶ International Staff and Faculty
 - Trisha Iyonsi: x5459
- ▶ I-9 Reciprocal Consortium - newhire@okstate.edu



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|--|----------------------------|-------------|---|--------------------------------|---------------------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ▼ |
| ZIP Code | | Date of Birth (mm/dd/yyyy) | | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address |
| Employee's Telephone Number | | | | | | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|---|------------------------------|
| <input type="checkbox"/> 1. A citizen of the United States | SAMPLE DO NOT USE |
| <input checked="" type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident <i>(Alien Registration Number/USCIS Number: □□□□□□□□)</i> | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date applicable (mm/dd/yyyy): □□/□□/□□□□) <i>Some aliens may write "N/A" in the expiration date field. (See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number, OR Form I-94 Admission Number, OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: □□□□□□□□ OR 2. Form I-94 Admission Number: □□□□□□□□ OR 3. Foreign Passport Number: □□□□□□□□ Country of Issuance: □□□□□□□□</p> | |
| QR Code - Section 1 Do Not Write in This Space | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ▼ |
| ZIP Code | | | |

STOP *Employer Completes Next Page* STOP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |
| Document Title | | Additional Information <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | QR Code - Sections 2 & 3 Do Not Write in This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | <div style="font-size: 48px; font-weight: bold; opacity: 0.5;"> SAMPLE DO NOT USE </div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

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.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| 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 |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|----|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card | OR | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | AND | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | 5. U.S. Military card or draft record 6. Military dependents ID card | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 8. Native American tribal document | | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: | | |
| | | 10. School record or report card | | |
| | | 11. Clinic, doctor, or hospital record | | |
| | | 12. Day-care or nursery school record | | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | | | |

SAMPLE
DO NOT USE

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

Refer to the instructions for more information about acceptable receipts.