

TABLE OF CHANGES – FORM
Form I-9, Employment Eligibility Verification
OMB Number: 1615-0047
08/01/2023

Reason for Revision: ICE Flexibilities Final Rule

Project Phase: OMBReview

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 08/31/2026

Edition Date 08/01/2023

Current Page Number and Section	Current Text	Proposed Text
Page 2, Section 2. Employer Review and Verification	<p>[Page 2]</p> <p>Section 2. Employer Review and Verification: 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 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.</p> <p>List A OR List B AND List C</p> <p>Document Title 1 Issuing Authority Document Number (if any) Expiration Date (if any)</p> <p>Document Title 2 (if any) Issuing Authority Document Number (if any) Expiration Date (if any)</p> <p>Document Title 3 (if any) Issuing Authority Document Number (if any) Expiration Date (if any)</p> <p>Additional Information</p>	<p>Section 2. Employer Review and Verification: 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.</p> <p>[no change]</p> <p>[] Check here if you used an alternative procedure authorized by DHS to examine</p>

	<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p> <p>First Day of Employment (mm/dd/yyyy):</p> <p>Last Name, First Name and Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Employer's Business or Organization Name Employer's Business or Organization Address, City or Town, State, ZIP Code</p> <p>For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.</p>	<p>documents.</p> <p>[no change]</p>
<p>Page 4, Supplement B</p>	<p>[Page 4]</p> <p>Supplement B, Reverification and Rehire (formerly Section 3)</p> <p>Last Name (<i>Family Name</i>) from Section 1. First Name (<i>Given Name</i>) from Section 1. Middle initial (<i>if any</i>) from Section 1.</p> <p>...</p> <p>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p> <p>Signature of Employer or Authorized Representative Today's Date (<i>mm/dd/yyyy</i>) Name of Employer or Authorized Representative Additional Information (Initial and date each notation.)</p> <p>[new]</p> <p>...</p> <p>I attest, under penalty of perjury, that to the best of my knowledge, this employee is</p>	<p>[no change]</p> <p>...</p> <p>[no change]</p> <p>[] Check here if you used an alternative procedure authorized by DHS to examine documents.</p> <p>...</p> <p>[no change]</p>

	<p>authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p> <p>Signature of Employer or Authorized Representative Today's Date (<i>mm/dd/yyyy</i>) Name of Employer or Authorized Representative Additional Information (Initial and date each notation.)</p> <p>[new]</p> <p>...</p> <p>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p> <p>Signature of Employer or Authorized Representative Today's Date (<i>mm/dd/yyyy</i>) Name of Employer or Authorized Representative Additional Information (Initial and date each notation.)</p> <p>[new]</p> <p>...</p>	<p>[] Check here if you used an alternative procedure authorized by DHS to examine documents.</p> <p>...</p> <p>[no change]</p> <p>[] Check here if you used an alternative procedure authorized by DHS to examine documents.</p> <p>...</p>