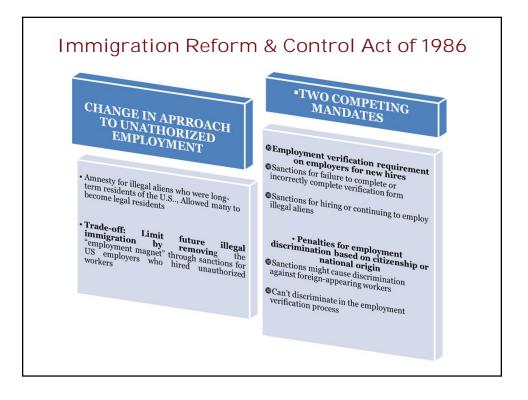
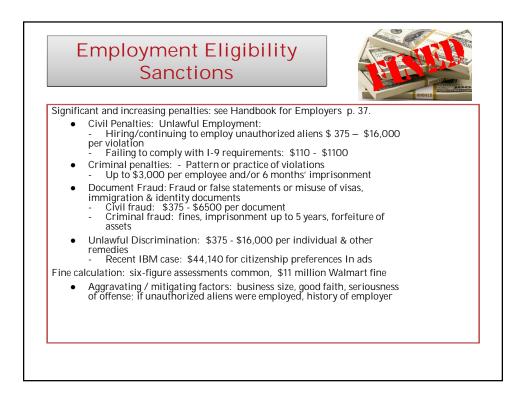


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OFFICE OF SPECIAL COUNSEL FOR IMMIGRATION-RELATED UNFAIR EMPLOYMENT PRACTICE

Non-Discrimination Requirements

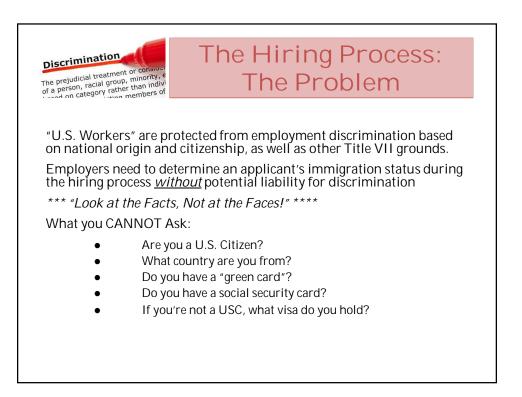
Office of Special Counsel for Immigration-Related Unfair Employment Practices, U.S. Department of Justice

- Enforces the prohibitions on citizenship and nationality discrimination
- Policies on discrimination prevent employers from asking simple questions
 about work authorization

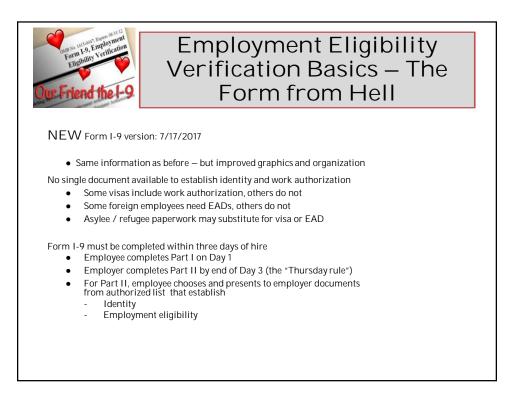
Beware of over-documentation!

- Can I ask to see the employee's green card if they say they have one?
- ** THE EMPLOYER MAY NEVER ASK TO SEE SPECIFIC DOCUMENTS **
- Employer must accept documents if they appear to reasonably relate to the person and appear to be valid
- Exception: if a document presented does not appear to be valid or is expired
- Form M-396, A Guide to Selected U.S. Travel and Identity Documents (2008)

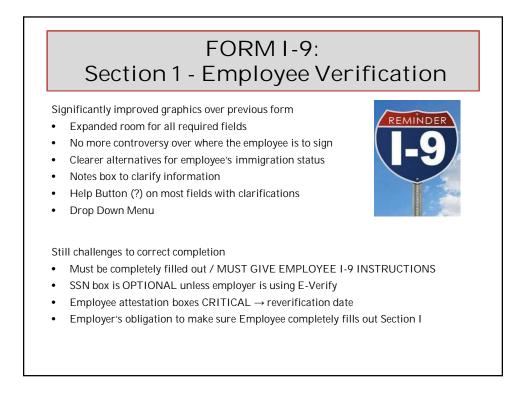
CONSISTENT PROCESS IS THE EMPLOYER'S PROTECTION



Discrimination The prejudicial treatment or consuce of a person, racial group, minority, of a construction of the second second second second race of the second second second second second second race of the second seco	The Hiring Process: Suggestions
	unsel for Immigration-Related Unfair Employment nnected from the reality of the actual hiring process
Official Version: Very Co	nfusing:
"Do you have unrestr USC or national, a U. temporary resident o	icted work authorization for the U.S., i.e. are you a S. permanent resident, an asylee, a refugee, or a f the US?"
Clearer Version:	
"Do you curren would you requ	tly have unrestricted work authorization for the US, or ire sponsorship for a working visa?"
I have unre require sponsor	estricted work authorization now and would NOT ship
I have wor future	k authorization now but would need sponsorship in the

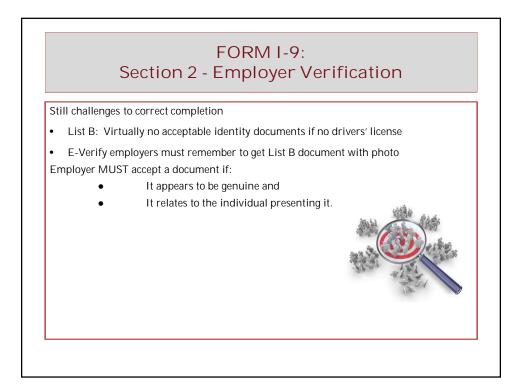


Sec	tion 1	I - Er	nplc	yee \	/erifi	cat	ion	
Section 1. Employee than the first day of emplo					st complete and	sign Se	ection 1 o	f Form I-9 no late
Last Name (Family Name) 🕐			(Given Name		Middle Initial 🕐	Other L	ast Names	s Used (if any) 💿
Address (Street Number and N	lame) 🕜	Ap	ot. Number 🕐	City or Town 3		I	State 🕐	ZIP Code 🕐
Date of Birth (mm/dd/yyyy) (2)	U.S. Social Se	curity Number	Employ	ee's E-mail Addr	ess 🕑	Er	mployee's	Telephone Number
I am aware that federal lan connection with the comp I attest, under penalty of p 1. A citizen of the United S 2. A noncitizen national of	Detion of this Derjury, that I States ③ the United State	form. am (check o es (See instruc	one of the f	ollowing boxe		use of	false do	cuments in
connection with the comp I attest, under penalty of p	pletion of this perjury, that I	form.				use of	false do	cuments in
connection with the comp I attest, under penalty of f 1. A citizen of the United S 2. A noncitizen national of 3. A lawful permanent resi 4. An alien authorized to w Some aliens may write	Detion of this berjury, that I states ③ the United State dent ④ (Alien Re vork [®] until (expi "N/A" in the expi	form. am (check of es (See instruc- egistration Nur iration date, if iration date fiel	ctions) (2) mber/USCIS f applicable, mi	Number): (?) m/dd/yyyy): (?) uctions)	s):	use of		
connection with the comp I attest, under penalty of p 1. A citizen of the United S 2. A noncitizen national of 3. A lawful permanent resi 4. An alien authorized to w	bletion of this berjury, that I states ⁽²⁾ the United State dent ⁽²⁾ (Alien Re orork ⁽³⁾ Until (expi TV/A" in the expi st provide only o r/USCIS Number duSCIS Number ber: ⁽²⁾	form. am (check of egistration Nur iration date, if a ration date fiel one of the follo or o R Form I-9	ctions) (2) mber/USCIS I applicable, mi Id. (See instru- wing docume 24 Admission)	Number): ⑦ m/dd/yyyy): ⑦ rctions) nt numbers to cc Number OR For	omplete Form I-9:	-		GP Code - Section 1 Not Write in This Space

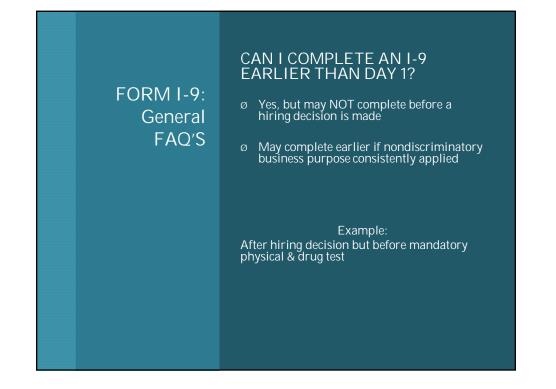


OMB No. 10150047; Esphere Form I-9, Employment Eligibility Verification		Verifica	<u>tion</u>	
Employee Info from Section 1 Last Name (Fa	mily Name) 🕐	First Name (Given Name)	Ø M.I.	Citizenship/Immigration Stat
List A OF Identity and Employment Authorization	R List Iden)	List C Employment Authorization
Document Title 🕐	Document Title 🕐		Document Title	e 🕐
Issuing Authority	Issuing Authority (2)		Issuing Author	ity③
Document Number	Document Number 🕐		Document Nu	mber③
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(r	mm/dd/yyyy)③	Expiration Dat	e (if any)(mm/dd/yyyy) 🕐
Document Title ? Issuing Authority ? Document Number ? Expiration Date (if any)(mm/dd/yyyy)? Document Title ? Issuing Authority? Document Number ? Expiration Date (if any)(mm/dd/yyyy)?	Additional Informatio	n 🕑		GR Code - Sections 2 & 3 Do Not Write In This Space
 Some document expiration Employer may have to complexe for two documents displayers documents displayers d	plete AFTER start	date if employee c	ompletes e	

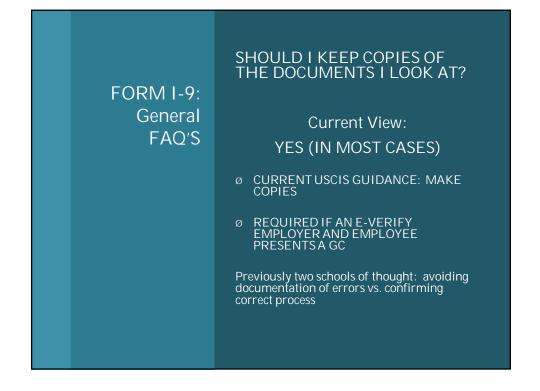
(2) the above-listed	document(s) appear to be	genuine a				by the above-named emp to the best of my knowle	• •
	ized to work in the United rst day of employment <i>(i</i>		y):@	(S	See instruction	s for exemptions)	
Signature of Employe	r or Authorized Representativ	e 🕐	Today's Dat	te(mm/dd/yyyy) 🕐	Title of Employe	r or Authorized Representativ	re 🕐
Last Name of Employer	or Authorized Representative 🕐	First Name of	Employer or <i>I</i>	Authorized Represent	ative 🕑 Employe	r's Business or Organization I	Name 🕐
Employer's Business	or Organization Address (Stre	eet Number a	nd Name)🕑	City or Town 🔋		State 🕐 ZIP Code 🕐	

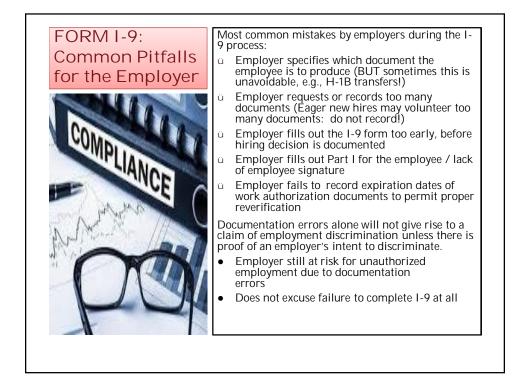


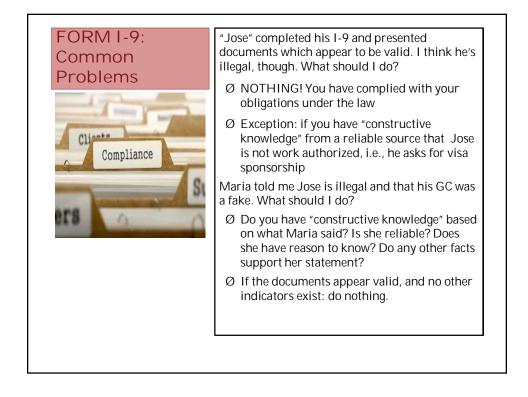
and the second second			FORM I 3 - Reve	erification
Section 3. Reverification a	nd Rehires (To	be completed and sig	ned by employer o	or authorized representative.)
A. New Name (if applicable) 🕐		, 0	,,,	B. Date of Rehire (if applicable)
Last Name (Family Name) 👔	First Name	(Given Name) 🕐	Middle Initial 🕑	Date (mm/dd/yyyy) 👔
C. If the employee's previous grant of continuing employment authorization			vide the information	for the document or receipt that establishes
Document Title ()		Document N	Number 🕑	Expiration Date (if any) (mm/dd/yyyy
l attest under penalty of periury	, that to the best o			orized to work in the United States, and if
	ent(s), the docum	ent(s) I have examine	d appear to be ger	nuine and to relate to the individual.
		.,		nuine and to relate to the individual. mployer or Authorized Representative (?)
the employee presented docume	Representative 🕑	Today's Date (mm/dd/y	Name of Er	
the employee presented docume Signature of Employer or Authorized • Re-verification per	Representative ?	Today's Date (mm/dd/y)	Vyy) (1) Name of Er	
 the employee presented docume Signature of Employer or Authorized Re-verification per May present a diffi Do not re-verify ea 	Representative () tains to work erent work a arly, even if g	Today's Date (mm/dd/y) c authorization (uthorization dour reen card arrive	Name of Er DNLY cument than of s or status cha	nployer or Authorized Representative 🕑 originally presented anges
the employee presented docume Signature of Employer or Authorized Re-verification per May present a diffe	Representative () tains to work erent work a arly, even if g n I-9s separa	authorization (uthorization do reen card arrive te from others,	Name of Er NLY cument than s or status ch in date order	nployer or Authorized Representative 🕑 originally presented anges

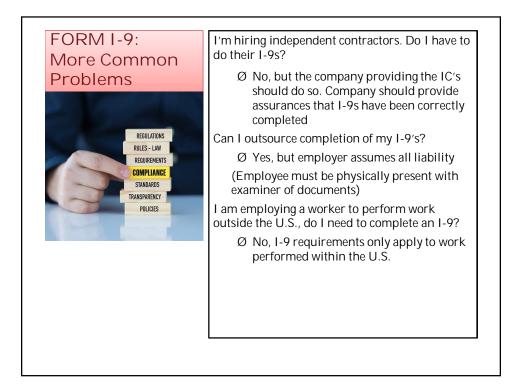


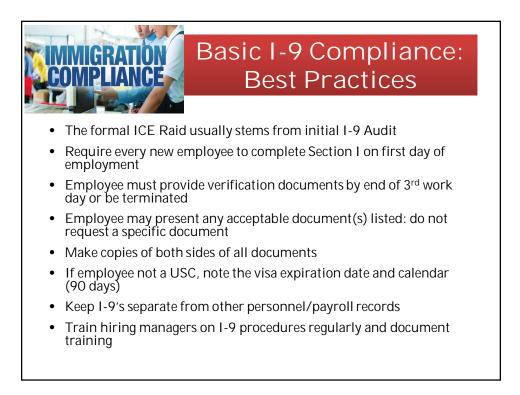
FORM I-9: General FAQ'S	 MAY ACCEPT A RECEIPT FOR AN IDENTITY DOCUMENT MAY NOT ACCEPT A RECEIPT FOR AN INITIAL WORK DOCUMENT MAY ACCEPT A RECEIPT FOR A LOST, STOLEN OR DESTROYED WORK DOCUMENT MAY ACCEPT RECEIPT FOR REWNAL OF CERTAIN EMPLOYMENT AUTHORIZATION DOCUMENTS (NOVEMBER 2016) FOR 180 DAYS. EXCEPTIONS FOR TPS, ASYLEES, REFUGEES MAY ACCEPT A RECEIPT FOR A OPT STEM EXTENSION EXTENSIVE DISCUSSION IN HANDBOOK, P.7-8
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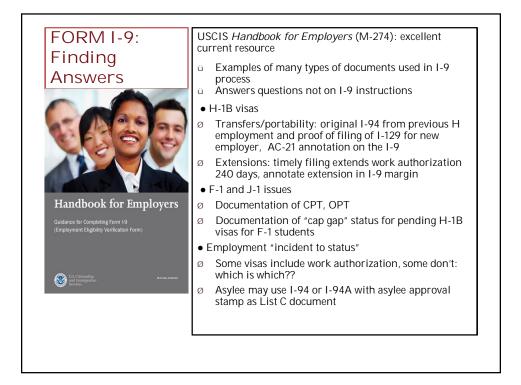


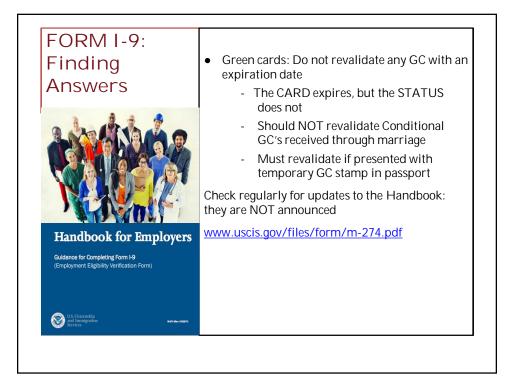


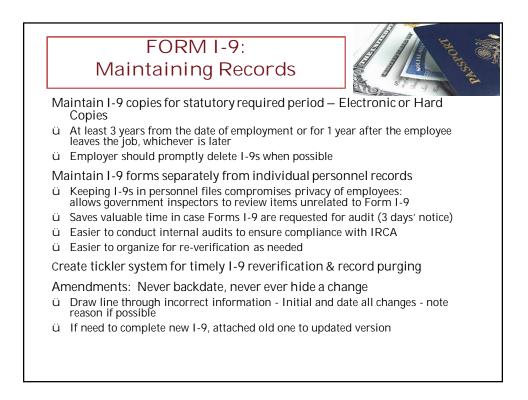














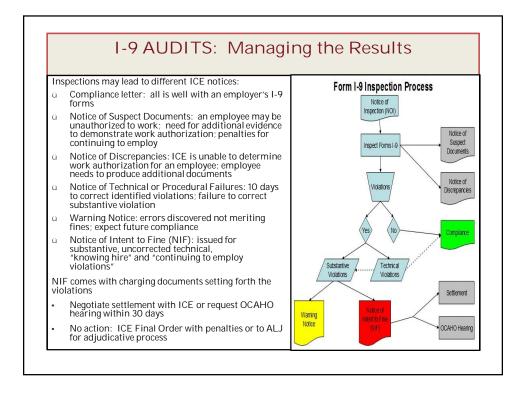
I-9 AUDITS: When the Government Knocks...

Employer's I-9s must be produced within three days of service of the Notice of Inspection

- Mail inspection; I-9s are to be sent to a local ICE office Other documents may be requested, such as payroll list
- On-site inspection: when ICE hopes to gather other evidence, e.g., proof of presence of undocumented workers,
- Neither consent nor a warrant are required for the I-9 inspection
 - Consent/warrant IS required for other information-gathering:
 Do not give consent without warrant

What immediate defenses does an employer have?

- ICE agents may make unannounced visits and request I-9s or information: Do not consent to visit; notify attorney, insist on 3 days' notice
- Insist on the statutory 3 days' notice for production of I-9s, even by mail:
- Review all I-9s; correct if necessary; sign & date corrections;
- Limit geographic scope of agent on-site: agent does not have right to roam premises or talk to other employees



I-9 AUDITS: Prevention Planning



Employers can raise in their defense the existence and <u>utilization</u> of a written Employer Compliance Policy

- Procedure for completion of I-9s; training of new staff, internal QA
- Procedure for corrections of errors and for authorized updates (e.g., H-1B portability case approved, H-1B extension approved, etc.)
- Clear statements of policy on
 - employee failure to deliver documents timely for verification;
 - responses to SSA "no match" letters; or
 - requests for visa services inconsistent with status listed on I-9.
- Development of a tickler system for reverification; perform reverifications
- Procedure for retention, storage and purging of I-9s
- Self-audit procedures: internal or by third party?
 - Many sources of self-audit checklists (SHRM, BLR, etc.)
 - Caution: self-audit can lead to continuation of original mistakes



