

## 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) Smith	First Name (Given Name) Sarah	M.I. L	Citizenship/Immigration Status 1
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List A OR List B AND List C

Identity and Employment Authorization	Identity	Employment Authorization
Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security Card (Unrestricted)
Issuing Authority N/A	Issuing Authority Arizona	Issuing Authority Social Security Administration
Document Number N/A	Document Number D12345648	Document Number 123457894
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) 01/01/2065	Expiration Date (if any)(mm/dd/yyyy) N/A

Document Title N/A	Additional Information  The additional information is rarely used. Contact NAU HR for assistance.	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) 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): 05/18/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Notary Test Signature</i>	Today's Date(mm/dd/yyyy) 01/17/2017	Title of Employer or Authorized Representative Agent of NAU
Last Name of Employer or Authorized Representative Notary Test Last Name	First Name of Employer or Authorized Representative Notary Test First Name	Employer's Business or Organization Name Northern Arizona University
Employer's Business or Organization Address (Street Number and Name) 411 South Beaver Street	City or Town Flagstaff	State AZ
		ZIP Code 86011

Click to Finish

Section 2 completion in progress.

Enter employee's Last Name, First Name, Middle Initial and Citizenship/Immigration Status. Information from Section 1.

List A - Passport or Permanent Residence Card. If blank, enter N/A.

List B and List C - use the acceptable document list to determine what documents are acceptable. Use drop down menu if you are completing the form on the computer. The computer will enter N/A for blank fields.

Read carefully before signing below.

Enter employee's employment start date.

Per USCIS, you are acting as an agent of NAU, so enter Agent of NAU. Enter Northern Arizona University as the organization name and enter NAU's business address. You may sign and date it after printing the form.

Employee Name from Section 1:	Last Name (Family Name) Smith	First Name (Given Name) Sarah	Middle Initial L
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## 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)	Date (mm/dd/yyyy)
First Name	
C. If the employee's previous grant of employment authorization is continuing employment authorization in the space provided	on for the document or receipt that establishes
Document Title	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
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Click to Finish

Do not complete Section 3 Reverification and Rehires Section.

For NAU use only.