



U.S. Citizenship and Immigration Services

Form I-9 Examples Related to Temporary COVID-19 Policies

Employers and workplaces that are operating remotely may follow the DHS [news release](#) that announced flexibility in requirements related to Form I-9.

The following examples show how DHS recommends that you notate Form I-9 when remotely inspecting employment authorization and identity documents and then subsequently performing the required physical inspection once normal operations resume.

Note: Examples are provided to assist with Form I-9 documentation you may complete in the future related to remote inspection, physical inspection, or List B policies related to COVID-19. You are not required to update your Forms I-9 based on these examples if there are differences.

How to Notate Remote Inspections and Subsequent Physical Inspections

Figure 1: Completing Section 2 When Inspecting Documents Remotely

List A		OR	List B	AND	List C
Identity and Employment Authorization			Identity		Employment Authorization
Document Title N/A	Document Title N/A		Document Title N/A		Document Title N/A
Issuing Authority N/A	Issuing Authority N/A		Issuing Authority N/A		Issuing Authority N/A
Document Number N/A	Document Number N/A		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Additional Information		Remote inspection completed on 03/30/2020		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): 03/30/2020 (See instructions for exemptions)			
Signature of Employer or Authorized Representative <i>Abigail Adams</i>		Today's Date (mm/dd/yyyy) 03/30/2020		Title of Employer or Authorized Representative HR Manager	
Last Name of Employer or Authorized Representative Adams		First Name of Employer or Authorized Representative Abigail		Employer's Business or Organization Name Department of Defense	
Employer's Business or Organization Address (Street Number and Name) 123 Independence Avenue NW		City or Town Washington		State ZIP Code DC 20210	
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)					
A. New Name (if applicable)			B. Date of Hire (if applicable)		
Last Name (Family Name)		First Name (Given Name)		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) 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	

Figure 2: Performing Physical Inspection Once Normal Operations Resume

If the person who performed the remote inspection also performs the physical inspection, they should indicate the date they physically examined the documents then add their initials in the Additional Information field.

List A		OR	List B	AND	List C
Identify and Employment Authorization			Identify		Employment Authorization
Document Title N/A	Document Title N/A		Document Title N/A		Document Title N/A
Issuing Authority N/A	Issuing Authority N/A		Issuing Authority N/A		Issuing Authority N/A
Document Number N/A	Document Number N/A		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	Additional Information Remote inspection completed on 03/30/2020		QR Code - Section 2 Do Not Write in This Space		
Issuing Authority N/A	COVID-19 Documents physically examined on mm/dd/yyyy by AA		QR Code		
Document Number N/A					
Expiration Date (if any) (mm/dd/yyyy) N/A					

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) Washington, First Name (Given Name) George, M.I. N/A, Citizenship/Immigration Status 2

Signature of Employer or Authorized Representative: *Abigail Adams*, Today's Date (mm/dd/yyyy): 03/30/2020, Title of Employer or Authorized Representative: HR Manager

List Name of Employer or Authorized Representative: Adams, First Name of Employer or Authorized Representative: Abigail, Employer's Business or Organization Name: Department of Defense

Employer's Business or Organization Address (Street Number and Name): 123 Independence Avenue SW, City or Town: Washington, State: DC, ZIP Code: 20210

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

A. New Hire (if applicable): Last Name (Family Name), First Name (Given Name), Middle Initial, B. Date of Rehire (if applicable) 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

Figure 3: Performing Physical Inspection by a Different Person Once Normal Operations Resume

If the person who performed the remote inspection cannot also perform the physical inspection, the person who performs the physical inspection should indicate the date they physically examined the documents as well as their full name and title in the Additional Information field.

List A		OR	List B	AND	List C
Identify and Employment Authorization			Identify		Employment Authorization
Document Title N/A	Document Title N/A		Document Title N/A		Document Title N/A
Issuing Authority N/A	Issuing Authority N/A		Issuing Authority N/A		Issuing Authority N/A
Document Number N/A	Document Number N/A		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	Additional Information Remote inspection completed on 03/30/2020		QR Code - Section 2 Do Not Write in This Space		
Issuing Authority N/A	COVID-19 Documents physically examined on mm/dd/yyyy by HR Manager Betty Ross		QR Code		
Document Number N/A					
Expiration Date (if any) (mm/dd/yyyy) N/A					

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) Washington, First Name (Given Name) George, M.I. N/A, Citizenship/Immigration Status 2

Signature of Employer or Authorized Representative: *Abigail Adams*, Today's Date (mm/dd/yyyy): 03/30/2020, Title of Employer or Authorized Representative: HR Manager

List Name of Employer or Authorized Representative: Adams, First Name of Employer or Authorized Representative: Abigail, Employer's Business or Organization Name: Department of Defense

Employer's Business or Organization Address (Street Number and Name): 123 Independence Avenue SW, City or Town: Washington, State: DC, ZIP Code: 20210

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

A. New Hire (if applicable): Last Name (Family Name), First Name (Given Name), Middle Initial, B. Date of Rehire (if applicable) 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

Figure 4: Notating Remote and Physical Inspection for Reverification

Employers should make required notations for remote and subsequent physical inspections of reverifications in the Additional Information field in Section 2. If the same person performs both the remote and subsequent physical inspections for a reverification, complete as shown. If a different person performs the physical inspection, that person should write their full name and title, instead of their initials.

		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		List A (Family Name) Hamilton	First Name (Given Name) Alexander	M.I. N/A	Citizenship/Immigration Status
Identity and Employment Authorization		OR	List B Identity	AND	List C Employment Authorization
Document Title	Document Title	Document Title	Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number	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)	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 Remote inspection completed on mm/dd/yyyy		QR Code - Section 2 & 3 Do Not Vase in This Space		QR Code
Issuing Authority	COVID-19 Document physically examined on mm/dd/yyyy by JA				
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) N/A	First Name (Given Name) N/A	Middle Initial N/A	Date (mm/dd/yyyy) N/A		
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 Employment Auth. Document (Form I-766)	Document Number 123456789	Expiration Date (if any) (mm/dd/yyyy) 04/30/2022			
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 John Adams		Today's Date (mm/dd/yyyy) 04/29/2020	Name of Employer or Authorized Representative Department of Justice		

How to Notate Extended List B Documents

Figure 5: Entering a List B Document Extended by Issuing Authority in Section 2

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) <i>Washington</i>	First Name (Given Name) <i>Martha</i>	M.I. <i>N/A</i>	Citizenship/Immigration Status <i>1</i>
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List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>Virginia Driver License issued by state/territory</i>		Document Title <i>DMV's LicenseID card (Identification)</i>		Document Title <i>DMV's LicenseID card (Identification)</i>
Issuing Authority <i>Virginia</i>		Issuing Authority <i>Social Security Administration</i>		Issuing Authority <i>Social Security Administration</i>
Document Number <i>123456</i>		Document Number <i>123456789</i>		Document Number <i>123456789</i>
Expiration Date (if any) (mm/dd/yyyy) <i>04/29/2020</i>		Expiration Date (if any) (mm/dd/yyyy) <i>04/29/2020</i>		Expiration Date (if any) (mm/dd/yyyy) <i>N/A</i>
Document Title		Document Title		Document Title
Issuing Authority		Additional Information <i>COVID-19 EXT</i>		SSN Code - Section 2 <i>Do Not Write in This Space</i>
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
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): *05/04/2020* *(See instructions for exemptions)*

Signature of Employer or Authorized Representative <i>Thomas Jefferson</i>	Today's Date (mm/dd/yyyy) <i>05/04/2020</i>	Title of Employer or Authorized Representative <i>HR Manager</i>
Last Name of Employer or Authorized Representative <i>Jefferson</i>	First Name of Employer or Authorized Representative <i>Thomas</i>	Employer's Business or Organization Name <i>Department of Agriculture</i>
Employer's Business or Organization Address (Street Number and Name) <i>123 Monticello Drive</i>	City or Town <i>Charlottesville</i>	State <i>VA</i>
		ZIP Code <i>22902</i>

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

A. New Hire (if applicable)
Last Name (Family Name) First Name (Given Name) Middle Initial
Washington Martha

B. Date of Rehire (if applicable)
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
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State Document Extension Notice

Employers can confirm that their state has auto-extended the expiration date of state IDs and driver's licenses by checking the state's Motor Vehicle Administration or Department of Motor Vehicle's website.

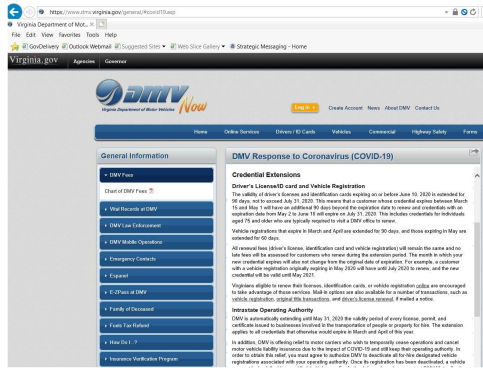


Figure 6: Entering an Expired List B Document in Section 2

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) Washington	First Name (Given Name) Martha	M.I. N/A	Citizenship/Immigration Status 1	
List A Identify and Employment Authorization	OR		List B Identify	AND	List C Employment Authorization
Document Title N/A	Document Title Washington ID card	Document Title Social Security card (unexpired)	Document Title Issuing Authority N/A	Document Title Social Security card (unexpired)	Document Title Issuing Authority Social Security Administration
Document Number N/A	Document Number 123456789	Document Number 123456789	Document Number N/A	Document Number 123456789	Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 03/05/2020	Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	Additional Information COVID-19		SR Code - Section 2 Do Not Write in This Space		
Document Number N/A					
Expiration Date (if any) (mm/dd/yyyy) N/A					
Document Title N/A					
Expiration Date (if any) (mm/dd/yyyy) N/A					
<p>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.</p> <p>The employee's first day of employment (mm/dd/yyyy): 05/18/2020 (See instructions for exemptions)</p>					
Signature of Employer or Authorized Representative <i>Thomas Jefferson</i>		Today's Date (mm/dd/yyyy) 05/18/2020		Title of Employer or Authorized Representative HR Manager	
Last Name of Employer or Authorized Representative Jefferson		First Name of Employer or Authorized Representative Thomas		Employer's Business or Organization Name Department of Agriculture	
Employer's Business or Organization Address (Street Number and Name) 123 Monticello Drive		City or Town Charlottesville	State VA	ZIP Code 22902	

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

A. New Hire (if applicable)
Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy)

B. Date of Rehire (if applicable)
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) 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

Figure 6b: Updating Section 2 When Employee Presents Unexpired Document Once Normal Operations Resume

If the same person performs both the remote and subsequent physical inspections, complete as shown. Note that if a different person performs the physical inspection, that person should write their full name and title, instead of their initials.

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) Washington	First Name (Given Name) Martha	M.I. N/A	Citizenship/Immigration Status 1	
List A Identify and Employment Authorization	OR		List B Identify	AND	List C Employment Authorization
Document Title N/A	Document Title Washington ID card	Document Title Social Security card (unexpired)	Document Title Issuing Authority N/A	Document Title Social Security card (unexpired)	Document Title Issuing Authority Social Security Administration
Document Number N/A	Document Number 123456789	Document Number 123456789	Document Number N/A	Document Number 123456789	Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) 03/05/2020	Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A	Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A	Additional Information COVID-19		SR Code - Section 2 Do Not Write in This Space		
Document Number N/A					
Expiration Date (if any) (mm/dd/yyyy) N/A					
Document Title N/A					
Expiration Date (if any) (mm/dd/yyyy) N/A					
<p>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.</p> <p>The employee's first day of employment (mm/dd/yyyy): 05/18/2020 (See instructions for exemptions)</p>					
Signature of Employer or Authorized Representative <i>Thomas Jefferson</i>		Today's Date (mm/dd/yyyy) 05/18/2020		Title of Employer or Authorized Representative HR Manager	
Last Name of Employer or Authorized Representative Jefferson		First Name of Employer or Authorized Representative Thomas		Employer's Business or Organization Name Department of Agriculture	
Employer's Business or Organization Address (Street Number and Name) 123 Monticello Drive		City or Town Charlottesville	State VA	ZIP Code 22902	

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

A. New Hire (if applicable)
Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy)

B. Date of Rehire (if applicable)
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) 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

