Old Dominion University
Checklist for Completing I-9 Forms

The federal government requires employers to ensure that all new employees are legally entitled to work in the United States. To avoid costly penalties, ODU must have in place a process to ensure departments are adhering to federal requirements.

All new and rehired ODU employees must complete the Form I-9, Employment Eligibility Verification, **on or before the first day of employment.** They must also provide proof of identity and employment eligibility **within three business days from the first date of employment.** To help ensure compliance, the following checklist has been designed as a guide to be used by departments for the proper completion of each Form I-9.

**Section 1. Employee Information and Verification**
(Must be completed by employee on or before the first day of employment)

**Employee Information**
- Employee’s first, middle initial, and last name correctly stated.
- Full address, including city, state, and zip code correctly stated.
- Month, day, and year of birth correctly stated.
- Social Security number correctly stated.

**Citizenship/Immigration Status**
- Status is indicated and correctly stated.
- If employee is a permanent resident, the alien registration number is correctly stated.
- If employee is not a permanent resident but has authorization to work in the U.S., the expiration date of employment authorization and alien or admission number is correctly stated.

**Employee’s Signature**
- Employee’s signature correctly stated.
- Month, day, and year of employee’s execution of form correctly stated.
- Signed on or before the first day of employment.

**Preparer/Translator Certification (if applicable)**
- Signature of preparer/translator correctly stated.
- Name of preparer/translator printed correctly.
- Full address, including city, state, and zip code of preparer/translator correctly stated.

**Section 2. Employer Review, Verification, and Certification**
(Must be completed within three days of hire)

Employee must present **originals** of List A document **or** List B **and** List C documents.

**List A**
- Appropriate document received.
- Document Title correctly stated.
- Document Issuing Authority correctly stated.
- Document Number and expiration date correctly stated. If none, write N/A.
- Receipt showing application for document received (if applicable).
- Copied and attached document.
List B

____ Appropriate document received.
____ Document Title correctly stated.
____ Document Issuing Authority correctly stated.
____ Document Number and expiration date correctly stated. If none, write N/A.
____ Receipt showing application for document received (if applicable).
____ Copied and attached document.

List C

____ Appropriate document received.
____ Document Title correctly stated.
____ Document Issuing Authority correctly stated.
____ Document Number and expiration date correctly stated. If none, write N/A.
____ Receipt showing application for document received (if applicable).
____ Copied and attached document.

Employer’s Certification

____ Month, day, and year of hire correctly stated.
____ Signature of employer’s authorized representative correctly stated.
____ Name of authorized representative printed correctly.
____ Title of authorized representative correctly stated.
____ Name of Business or Organization correctly stated (Old Dominion University).
____ Full address, including city, state, and zip code correctly stated.
   (5115 Hampton Boulevard, Norfolk, VA 23529)
____ Certification signed within three days of hire (first day of employment).
____ Month, day, and year of authorized representative’s certification correctly stated.

Section 3. Updating and Recertification

(Must be on or before expiration date)

____ If employee listed an expiration date in Section 1, recertified employment eligibility on or before expiration date.
____ Employee’s first, middle, and last name written in Section 1.
____ If employee has a new name, first, middle initial, and last name correctly stated.
____ Month, day, and year of rehire, if applicable, correctly stated.
____ Appropriate employment eligibility document received, if applicable.
____ Document Title, Number, and expiration date, if applicable, correctly stated.
____ Signature of employer’s authorized representative correctly stated.
____ Month, day, and year of authorized representative certification correctly stated.

___________________  ________________________  ____________________
Name of person completing this checklist (Please Print)  Date  ________________________

Signature: ____________________________________________________________

Checklist adapted in July, 2008 from a document developed by Virginia Commonwealth University.