## Uploading a Paper I-9

A paper Form I-9 can be filled out, scanned and uploaded, if necessary, to retain the signed form electronically. Once the Form I-9 has been securely stored in an electronic format, the original paper Form I-9 can be destroyed.

Click Upload Paper I-9 from the dashboard menu to initiate the process.







## Uploading a Paper I-9

### Enter the employee information in Section 1 on the "Upload I-9 page and click Continue.

load the scanned image of the Fo	orm I-9, and then confirm the transaction.	nii upioad. To complete	e the Upload Paper I-	9 you will ente	r the Form I-9 informatio
ection 1. Employee Informa	tion				
Last Name	* First Name	Middle Initial		Maiden a	* Required Fi
ddress (Street Number and Name)	Apt. No	umber Cit	ty or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S Social Security Number	E-mail Address		Telephon	e Number
	SSN Applied For				
Citizenship/Immigration Status		Alien/USCIS Nur	mber	Form I-94	Admission Number
	~	A			
ork Until Date (mm/dd/yyyy)	Signature Date (mm/dd/yyyy)	Foreign Passpor	rt Number	Country	of Issuance
Employee obtained Form I-94/	I-94A number within the U.S. or entered	the U.S. without a fore	ign passport		
st Name	First Name	Signature Date	(mm/dd/yyyy)		
ddress (Street Number and Name)		City or Town	State		Zip Code
				~	

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## Uploading a Paper I-9 Continued...

Section 2 – Employer Review and Verification page will display.

- Review the employment date, location code and Section 1 information.
- Select the documents presented by the employee and click Continue.

			I-9 MANA	GEMENT			
■ Section 2	- Employer Revi	ew an	d Verific	ation			
Please enter the emplo	yment information in Section	2 of the I-9	to be uploade	d,			* Required Field
SSN: Employee: test test * Employment Date:						Review/Chang	ge Section 1 Information
01/23/2020							
Location:							
Full Middle Name:							~
* Select the set of docu	ment(s) presented by the em	ployee:					
Sometimes, you must ac present a receipt(s) must than three business days Acceptable Section II dos A or List B and C docume List A List A proves identity Af Receipt (e.g., replace	cept a receipt in lieu of a List. t do so within three business of unnents should match the citi ents. A full list of documents is 4D work authorization: ment) <u>What's This?</u>	A, List B, or days of the zenship st. available i	a List C docun ir first day of e atus selected b in the Form 1-9	nent if the emp mployment. R y the employe instructions, v	ployee presei Receipts are n Section l which are acc	nts one. New e ot acceptable i and the corre ressible in Help	mployees who choose to f employment lasts less sponding applicable List (Knowledge Base).
							*
List B and C							
List B proves identity:							
Receipt (e.g., replace	ment) What's This?						
List C proves work auth	orization.						v
Receipt (e.g., replace	ment) What's This?						
							~
C Employee terminate	ed before completing I-9						
Cancel Back (	Continue				۵	è	

## Uploading a Paper I-9 Continued...

# Enter the document information presented by the employee in Section 2 of Form I-9 to be uploaded and click Continue.

Section 2 - Employer Review and Verification

Human Resources

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Enter the document information in Section 2 of the I-9 to be uploaded.	
List B document - Driver's License Issued by State or Possession with Photo	
Issuing Authority:	
Choose the State or Territory on the Drivers License 🗸	Sample Document
Document #:	
Expiration Date (mm/dd/yyyy):	
List C document - Original Birth Certificate or Certified Copy with Official Seal	
Issuing Authority:	
	Sample Document
Document #:	
Cancel Back Continue	\$

## Uploading a Paper I-9 Continued...

The Upload I-9 Image page will display. Upload the scanned image of the Form I-9 by selecting the Choose file button. Browse to the file of the I-9 image and Click Upload I-9 Image. Do not upload any supporting documentation.

### ■ Upload I-9 Image

Select the file of the I-9 image to upload in a supported format (TIF, GIF, JPG, PDF) and then enter the indexing information and finalize the I-9 on the following pages.

Note: The maximum file size that can be uploaded is 2150 KB.

Click the Choose File button to select the I-9 image file you want to upload:



MICHIGAN STATE UNIVERSITY Review and change information if necessary. To confirm the submission complete the Employer Electronic Signature certification statement and click Continue.

#### **Employer** Review

Please review the fol	flowing information as it was entered	f. You can make changes to the information by clicking on th	e link below the information.	
After verifying that th	he information is correct, complete t	he signature block at the bottom of the page.		
This information wi	Il only be displayed on the Employe	e Detail page if this is the active I-9 for the employe		
1-9 Image File: 03ab9524-9984-4c6 Click the file name	e.8a45-2db22f7bee7 <u>b.PDF</u> e to view the image.			
[C] Corrected field				
Name:		Other Names Used:	U.S. Social Security Number: Applied for	Date of Birth: 01/01/2000
Address:		City State & Zin	E-mail Address:	Telephone Number:
1407 ABC Way		East Lansing, MI 48823		
Employment Date: 01/24/2020				Work Status: A Citizen of the United State
Alien Registration N	tumber/USCIS Number:	1-94 #	Receipt Due Date	Receipt Due Document
Alien Work Until Da	itie:	Reverification Due Reason:	Foreign Passport Number:	Country of Issuance:
Obtained I-94 from	USCIS:		Receipt Code:	19 Data id:
Group:		Location:		
None		Default		
Full Middle Name:				
Change Informatic	Det .			
ocument informati	ion Summary			
ist B document:	Driver's License Issued by State or	Possession with		
	Photo			
suing Authority:	Michigan			
ocument #:	t0123456789			
piration Date nm/dd/yyyy):	01/24/2021			
st C document:	Original Birth Certificate or Certifie Official Seal	ed Copy with		
suing Authority:	state of michigan			
ocument #:	0123456			
mnlover Electronic	Signature (English   Español)			

\*I attest, under penalty of perjury, that the Form I-9 information entered is correct and relates to the employee.

I also attest to the following:

The image of the Form I-9 being uploaded relates to the information on this page.

I or an authorized representative has or will require that the employee named on the Form 19 provide verbal and/or written authorization to affix the employee's electronic signature to any documents required to be provided to the employee regarding the
employee's decision to contest/not contest the results of the verification of the employee's work authorization by the United States government.

Lauthorize my electronic signature to be automatically affixed to any documents provided to the employee should the employee contest/not contest the results of the verification of the employee's work authorization by the United States government.

I am not using government verifications for pre-screening purposes or discriminating against any employee who receives a tentative nonconfirmation response.

#### □ I have read and agree with the certification statement above.



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### The Employee Detail page will display indicating the I-9 was successfully added.

### The original paper Form I-9 can be destroyed.

#### Employee Detail

The I-9 was successfully added.			
Name:	Other Names Used:	U.S. Social Security Number:	Date of Birth:
test test		Applied for Change SSN	01/01/2000
Address: 1407 ABC Way	City,State & Zip East Lansing, MI 48823	E-mail Address:	Telephone Number:
Employment Date:	TWN Hire Date	Termination Date:	Work Status:
01/24/2020 Change Employment Date		Change Termination Date	A Citizen of the United States
Alien Registration Number/USCIS Number:	I-94 #:	Receipt Due Date	Receipt Due Document
Reverification Due Date:	Reverification Due Reason:	Foreign Passport Number:	Country of Issuance:
		i oreigni absport i tamberr	country of issuance.
Obtained I-94 from USCIS:		Receipt Code:	<b>19 Data Id:</b> 47927660
Obtained I-94 from USCIS: Group:	Location:	Receipt Code:	<b>I9 Data Id:</b> 47927660
Obtained I-94 from USCIS: Group: None	Location: Default Car Change Location	Receipt Code: Previous Locations:	<b>19 Data ld:</b> 47927660
Obtained I-94 from USCIS: Group: None Form I-129 Filing Date:	Location: Default Carter Change Location Full Middle Name:	Receipt Code: Previous Locations: Audit Report:	<b>19 Data Id:</b> 47927660
Obtained I-94 from USCIS: Group: None Form I-129 Filing Date: @ Change Extension Of Stay	Location: Default Cange Location Full Middle Name: Cange Full Middle Name	Receipt Code: Previous Locations: Audit Report: View/Download	<b>19 Data Id:</b> 47927660