Sneak Peek – Jan. 2017
Guardian Enhancements

Wednesday, December 14, 2016
Important Dates

- Nov. 14th 2016 – USCIS published new Form I-9
- Nov. 16th & 17th 2016 – Webinar on Form I-9 changes
- Dec. 14th & 16th 2016 – Webinar Sneak Peak of updates
- Dec. 27th 2016 – New Guardian materials
- Jan. 6th, 10th, 12th 2017 – Webinar Live demo of updates
- Jan. 19th 2017 – Guardian switches to new form

*Dates subject to change*
Changes Affecting Multiple Sections

All* fields required, new N/A checkboxes

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### Employment Eligibility Verification

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**START HERE.** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<table>
<thead>
<tr>
<th>Section 1. Employee Information and Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</td>
</tr>
</tbody>
</table>

- **Last Name (Family Name):**
- **First Name (Given Name):**
- **Middle Initial:**
- **Other Last Names Used (if any):**

- **Address (Street and Number and Name):**
  - **Apt Number:**
  - **City or Town:**
  - **State:**
  - **Zip Code:**
- **Date of Birth (mm/dd/yyyy):**
- **U.S. Social Security No.:**
- **Employee’s E-mail Address:**
- **Employee’s Telephone Number:**

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*I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.*

I attest, under penalty of perjury, that I am (check one of the following):

- 1. A citizen of the United States
Changes Affecting Multiple Sections

All* fields required, new N/A checkboxes

<table>
<thead>
<tr>
<th>Section 2. Employer or Authorized Representative Review and Verification</th>
</tr>
</thead>
</table>
| (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 examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>John</td>
<td>N/A</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>View Sample Document</td>
<td></td>
<td>View Sample Document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passport from Republic of Marshall Isl...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement Receipt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Republic of Marshall Islands</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any/yyyy/yyyy/yyyy/yyyy)</td>
<td></td>
<td>Expiration Date (if any/yyyy/yyyy/yyyy/yyyy)</td>
<td>Expiration Date (if any/yyyy/yyyy/yyyy/yyyy)</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide expiration date if one exists on the document. Note: expiration date cannot be expired.</td>
<td></td>
<td>Provide expiration date if one exists on the document. Note: expiration date cannot be expired.</td>
<td>Provide expiration date if one exists on the document. Note: expiration date cannot be expired.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Changes Affecting Multiple Sections

Updated Electronic Signature, consistent across all Guardian workflows

Electronic Signature

You, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making false statements or using false documentation when completing this form.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the checkbox next to each item.

- First Name  John
- Last Name  Doe
- Date of Birth  03/05/1986

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement:

I consent to provide an electronic signature in connection with this Form I-9 and understand that by typing the PIN revealed below and clicking on "I Accept" and clicking on the "Electronically Sign" button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

- I Accept

Step 3: Enter the revealed PIN and click "Electronically Sign"

Your PIN: 8675

PIN: ****  Electronically Sign
Changes Affecting Multiple Sections

Updated Electronic Signature, consistent across all Guardian workflows

Electronic Signature

The person who physically examines the employee's original document(s) and completes this Section 2 must electronically sign as indicated below. By signing Section 2 of this Form I-9, you attest under penalty of perjury that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States.

Please read the following statement, select "I Accept" to acknowledge your agreement, and enter your Password/SSO ID to electronically sign this section 2.

I consent to provide an electronic signature in connection with this Form I-9 and understand that by typing my system Password/SSO ID below and by clicking on "I Accept" and clicking on the "Electronically Sign" button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

- [ ] I Accept

Password: [redacted]  [Electronically Sign]
Changes Affecting Multiple Sections

Updated Electronic Signature, consistent across all Guardian workflows
Changes Affecting Multiple Sections

Initial help text more clearly visible at top of page instead of the corner

Welcome  Please fill out the form completely.

1) Yellow fields are required, and must have a value.
2) Red fields have issues, and need to be corrected.
Changes Affecting Multiple Sections

Initial help text more clearly visible at top of page instead of the corner

Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the identity and employment eligibility documents that the employee has provided. Find the corresponding document in one of the lists below. You will need to select either an item from List A or items from both List B and List C and record the required information.

[ Review Section 1 Answers ] [ Review I-9 Form Instructions ]

Electronic I-9

Please Note  Please select 1 document from List A, or 1 each from List B and List C

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents")

Last Name (Family Name)  First Name (Given Name)  M.I.  Citizenship/Immigration Status
Changes Affecting Multiple Sections

Field help text next to fields instead of in the corner, updated text
Changes Affecting Multiple Sections

Field error text next to fields instead of in the corner
Changes Affecting Multiple Sections

More instructions!

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### Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the identification and work authorization documents that the employee has provided. Find the corresponding documentation on the employee’s resume, select either an item from List A or items from both List B and List C, as indicated.

[Review Section 1 Answers] [Review I-9 Form Instructions]

---

### Please Note

Please select 1 document from List A, or 1 each from List B and List C.

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### Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days after verifying the identity and employment authorization of each new employee. New employees must complete Form I-9 within 3 business days after commencement of employment.

Employee Info from Section 1

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>John</td>
</tr>
</tbody>
</table>

---

### Instructions for Form I-9, Employment Eligibility Verification

1. **Anti-Discrimination Notice.** It is illegal to discriminate against unauthorized individuals in hiring, firing, recruitment or referral for a job, or in the employment eligibility verification (Form I-9) or re-verification process based on an individual’s race, color, religion, sex, national origin, or any other factor covered by applicable anti-discrimination laws.

2. **What is the Purpose of This Form?**
   - Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee.
   - Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee.

3. **General Instructions**
   - Employers must complete Form I-9 in accordance with the instructions. The information provided on the form must be true and complete.
   - Employers must retain the I-9 form for a period of 3 years after the date of employment or for 1 year after the date of termination of employment, whichever is later.

4. **I-9 Form Instructions**
   - **Instructions for Form I-9, Employment Eligibility Verification**
   - **Department of Homeland Security**
   - **U.S. Citizenship and Immigration Services**
   - **USCIS Form I-9 Instructions**

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**LawLogix**
Section 1

Awaiting Issuance of SSN option when using E-Verify
Section 1

Improved data validation
### Section 1

**Improved data validation**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Other Last Name Used (if any)</td>
<td></td>
</tr>
<tr>
<td>Address (Street and Number and Name)</td>
<td></td>
</tr>
<tr>
<td>Apt Number</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>City or Town</td>
<td>Phoenix</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td>85022</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>U S Social Security No</td>
<td></td>
</tr>
<tr>
<td>Employee’s E-mail Address</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Employee’s Telephone Number</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

1. A citizen of the United States

2. A noncitizen national of the United States *(See instructions)*

3. A lawful permanent resident *(Alien Registration Number/USCIS Number)*

4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy)
Section 1

Improved data validation

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street and Number) (Line 1)</th>
<th>Apt Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>Phoenix</td>
<td>AZ</td>
<td>85022</td>
</tr>
</tbody>
</table>

Date of Birth (mm/dd/yyyy)

- Jan 1, 2014
- Feb 2, 2013
- Mar 3, 2012
- Apr 4, 2011
- May 5, 2010
- Jun 6, 2009
- Jul 7, 2008

Employee's Social Security Number

- N/A

Employee's E-mail Address

- N/A

Employee's Telephone Number

- N/A

*Note: The form is a photo of a United States Citizenship and Immigration Services form.*
Section 1

P.O. Box restriction removed for employee address
### Section 1

Field name changes
Section 1

Aliens can now provide I-94 number OR Foreign Passport number
New dropdown to specify Alien Number or USCIS Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I attest, under penalty of perjury, that I am (check one of the following):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy): 01/01/2020

Some aliens may write "N/A" in this field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9.

An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: Alien Number

2. Form I-94 Admission Number: N/A

3. Foreign Passport Number

Signature of Employee: Date (mm/dd/yyyy):

Preparer and/or Translator Certification (check one):

- I did not use a preparer or translator
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
Section 1

Employee must now affirm whether they received assistance on Section 1.

4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy)  
   Some aliens may write “N/A” in this field. (See instructions)
   Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
   • An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
   1. Alien Registration Number/USCIS Number:  
   2. Form I-94 Admission Number:  
      OR
   3. Foreign Passport Number:  
      OR
   4. Country of Issuance:  

Signature of Employee:  
Date (mm/dd/yyyy):  

Preparer and/or Translator Certification (check one):  
1. I did not use a preparer or translator  
2. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
Section 1

Multiple Preparer/Translator Certifications available

Who provided assistance with Section 1 for John Holt:
- Assistance was provided by the logged-in user
- Assistance was provided by a third party

Form I-9 indicates that a preparer and/or translator assisted the employee in completing Section 1. If assistance was not provided, click Correct Section 1 so that the employee can return to Section 1 to change the preparer and/or translator statement.

<table>
<thead>
<tr>
<th>Preparer and/or Translator Certification</th>
<th>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator:</th>
<th>Date (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 2

New field to specify Citizenship/Immigration Status (1-4)

#### 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 examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.I. N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### List A

- **Identity and Employment Authorization**
  - Document Title
  - Issuing Authority
  - Document Number
  - Expiration Date (if any) (mm/dd/yyyy)

#### List B

- **Identity**
  - Document Title
  - Issuing Authority
  - Document Number
  - Expiration Date (if any) (mm/dd/yyyy)

#### List C

- **Employment Authorization**
  - Document Title
  - Issuing Authority
  - Document Number
  - Expiration Date (if any) (mm/dd/yyyy)

Additional Information
Section 2

More Sample Documents, additional help text
Section 2

New **Additional Information** free text field
Section 3

Improved UI, ease of data entry
Section 3

Separate name fields for name change; enter N/A for unchanged names

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Date (mm/dd/yyyy):</td>
</tr>
<tr>
<td>Smith</td>
<td>12/14/2016</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Authorization Document (Form I-766)</td>
<td>MSC012345671</td>
<td>01/01/2020</td>
</tr>
</tbody>
</table>

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 Employee or Authorized Representative
Menu Update for Standard/Full Interface

Left-hand menu made consistent across all Guardian sites
In-Person Workflow

Launch Employee Workflow button when starting new I-9, opens new tab
In-Person Workflow

Launch Employee Workflow button when starting new I-9, opens new tab

Test User’s I-9 System

- New Employee New I-9
- Announcements
- Tutorials

- To Do List
- My Info
- Log Out
In-Person Workflow

Launch Employee Workflow button when starting new I-9, opens new tab

Confirmation Selection

All information in Section 1 of the Form I-9 must be provided and entered by the employee or a preparer/translator. By proceeding, I acknowledge that the employee (or a preparer/translator if used) will be completing Section 1, and understand that all actions taken in Section 1 will be associated to the employee as documented in the audit trail.
In-Person Workflow

**Employee Identity** confirmation prior to accessing Section 1

You are being asked to complete Section 1 of the Form I-9. Please provide your legal name below. This information will be used to identify who completed Section 1 of the form.

**Employee Name**
(First and Last)

John Smith

I confirm that I am the employee named above.

[Cancel] [Continue as Employee]
## In-Person Workflow

Employee or Preparer/Translator completes Section 1
In-Person Workflow

Updated electronic signature

Electronic Signature

You, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making false statements or using false documentation when completing this form.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the checkbox next to each item.
- First Name: John
- Last Name: Doe
- Date of Birth: 01/01/1980

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement:

I consent to provide an electronic signature in connection with this Form I-9 and understand that by typing the PIN revealed below and clicking on "I Accept" and clicking on the "Electronically Sign" button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.
- I Accept

Step 3: Enter the revealed PIN and click "Electronically Sign"

Your PIN: ??

PIN: [ ] Electronically Sign
In-Person Workflow

Updated electronic signature

Electronic Signature
You, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making false statements or using false documentation when completing this form.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the checkbox next to each item.
- First Name: John
- Last Name: Doe
- Date of Birth: 01/01/1980

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement.
I consent to provide an electronic signature in connection with this Form I-9 and understand that by typing the PIN revealed below and clicking on "I Accept" and clicking on the "Electronically Sign" button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.
- I Accept

Step 3: Enter the revealed PIN and click "Electronically Sign"
Your PIN: 2049

PIN: **** [Submit]
[Electronically Sign]
In-Person Workflow

Section 1 Completed

Section 1 Completed

You have successfully completed Section 1 of the Form I-9. Next, the I-9 Verifier will take over to complete the remainder of the form. Click Complete to finish your portion and return control of the device to your I-9 Verifier.
In-Person Workflow

Continue Processing I-9, opens Section 2

Continue I-9 Process

The employee has completed Section 1 of the Form I-9. You may now continue processing the I-9.

Continue Processing I-9
Release Preparation

- New Hire Paper I-9 Type
  Coordinate use of new paper form to our 1/19/2017 release
Release Preparation

- Custom Help Text

Review new help text, make adjustments to your custom help text
Release Preparation

➢ Workflow Changes

Become familiar with new in-person workflow, update internal documents
Release Preparation

- **“In-flight” I-9’s**

  I-9’s created before Jan. 19th, but will be completed after Jan. 21st.
  Add a case note, or make a new I-9
Important Dates

• Nov. 14th 2016 – USCIS published new Form I-9
• Nov. 16th & 17th 2016 – Webinar on Form I-9 changes
• Dec. 14th & 16th 2016 – Webinar Sneak Peak of updates
• Dec. 27th 2016 – New Guardian materials
• Jan. 6th, 10th, 12th 2017 – Live demo of updates
• Jan. 19th 2017 – Guardian switches to new form

*Dates subject to change