I-9 Guide for UTHealth Funded Students

- All UTHealth funded students must complete an electronic I-9 Form, prior to the start date of their Graduate Research Assistantship (GRA) at UTHealth.

- The I-9 Form contains two parts:
  - Section 1 will be completed by you, prior to your start date.
  - Section 2 will be completed, reviewed, and verified by a UTHealth designated staff prior to or on your start date.

- Instructions and screen shots on how to complete Section 1, are provided in subsequent pages.

- If you have any questions related to this guide, please contact:
  - Elisabet Lau, 713-500-8801 or Elisabet.Lau@uth.tmc.edu

▪ Enter **13948** in the appropriate field, under “Employer Name or Code”

▪ Before you can complete Section 1, you will be asked to enter text for the Captcha security feature.
Complete Section 1 of the I-9 Form.

[Employment Eligibility Verification Form I-9]

**Section 1. Employee Information and Attestation**

(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.)

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

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Email Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SSN Applied For (optional)</td>
<td></td>
<td>(optional)</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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): [ ]
- An alien authorized to work until (expiration date, if applicable, mm/dd/yy): [ ]
- Employee is an alien whose work authorization does not expire or has no specific expiration date for their employment authorization (see instructions)
• After completing Section 1, the next screen will appear with the information you entered. Please review this information. If any changes are needed, click on Change Information.

After you have verified that the information is correct, please attest to the following statements and select Continue.

- By checking this checkbox I attest to the following:
  - 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 understand that the employer may electronically verify my work authorization with the United States government.
  - If my work authorization is verified with the United States government, I authorize my Section 1 electronic signature to be automatically applied to the documents the employer will provide me should I contest/not contest the verification results.

• Thank you for completing your part (Section 1) of the I-9 Form. Section 2 of the form will be completed and processed prior to or on the start date when you meet with a UTHealth designated staff member.

Please remember to bring acceptable form(s) of identification and employment authorization, when you meet with a UTHealth designated staff member. All documents must be originals. The I-9 Form cannot be finalized until the appropriate document(s) are presented.