

Effective July, 27, 2017 Boston University convert to an electronic I-9 process for student employees. The procedures for completing an electronic I-9 for a student employee are shown below.

There are three tiers of users for the electronic I-9.

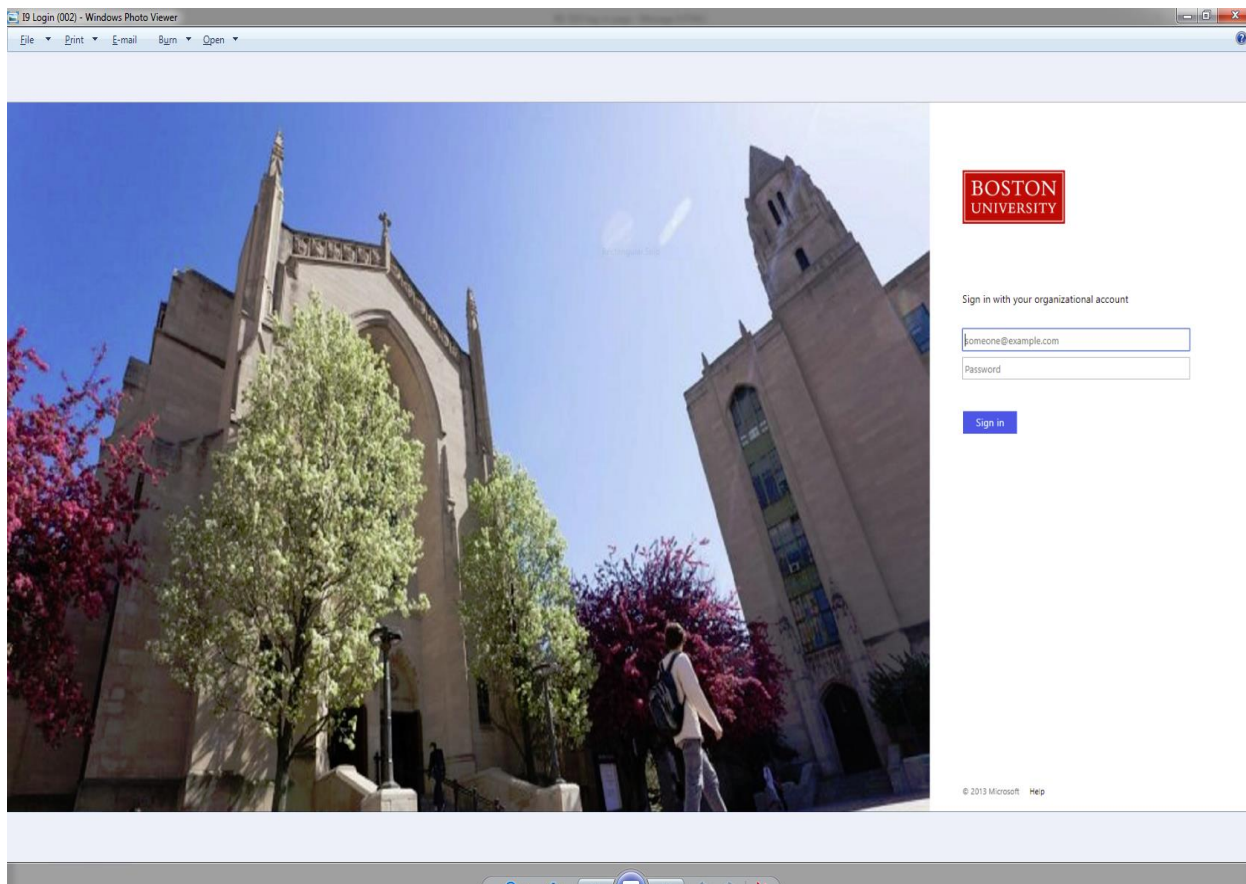
- **Administrator** – Student Employment Payroll and Enrollment Service Operations (internal use only).
- **Payroll Coordinator** – As identified/authorized by the Student Employment Payroll Office, the Payroll Coordinator will have the ability to create/edit “end-users” within their unit/departments and also act as an “end-user” as necessary.
- **End-User** – As identified/authorized by their department Payroll Coordinator, end-users will be able to complete Section 2 of eForm I-9 for their student employees.

The procedures below outline how to complete an electronic I-9 for a student employee. Both End Users and Payroll Coordinators should follow these procedures to complete an I-9 for a student employee.

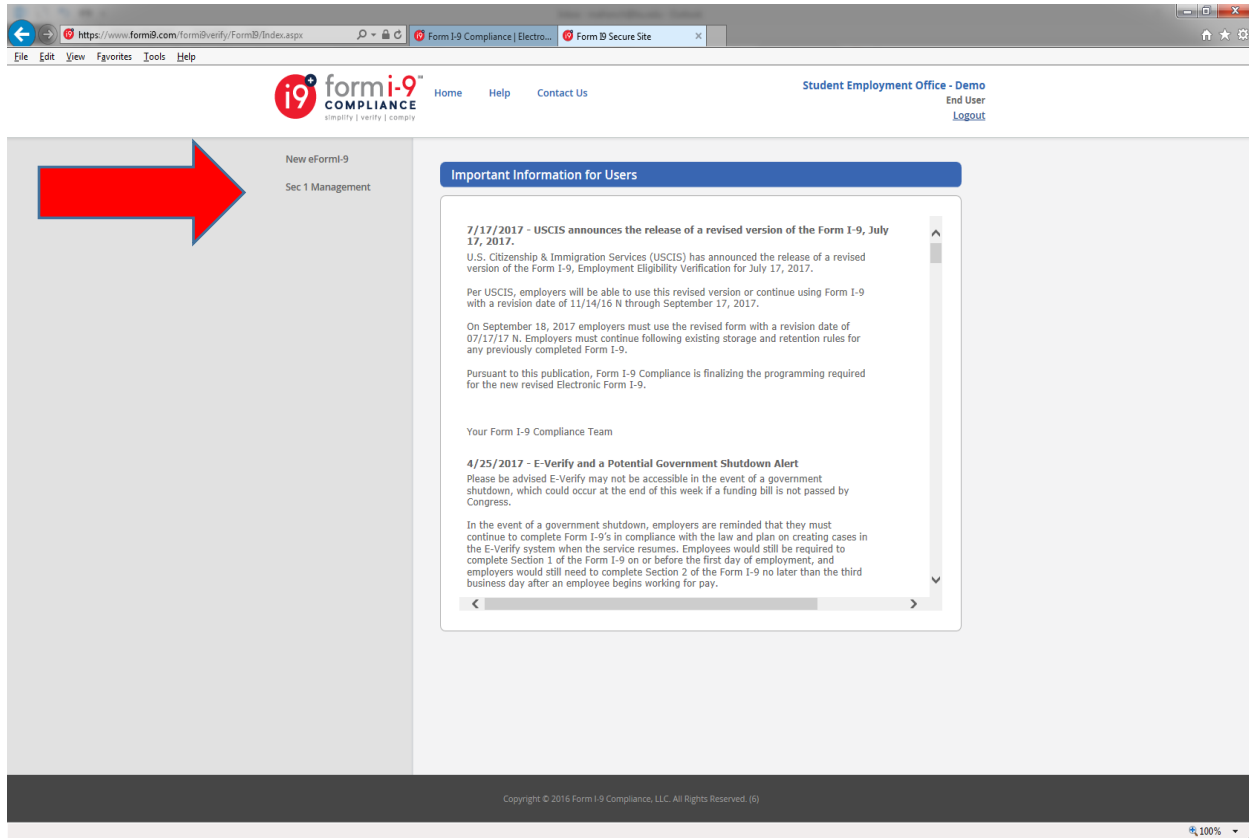
**IMPORTANT:** Usage of the electronic form I-9 is covered under your university data security agreement and federal perjury laws. Misuse of the electronic form I-9 is subject to University and Federal penalties.

Link to the [Form I-9 portal](#).

Enter your BU User Login i.e., [XXXX@bu.edu](#) and your Kerberos password.



This will bring you into the Form I-9 Compliance main page (Dashboard).



The notices in the center of the screen are general notes for users from the vendor.

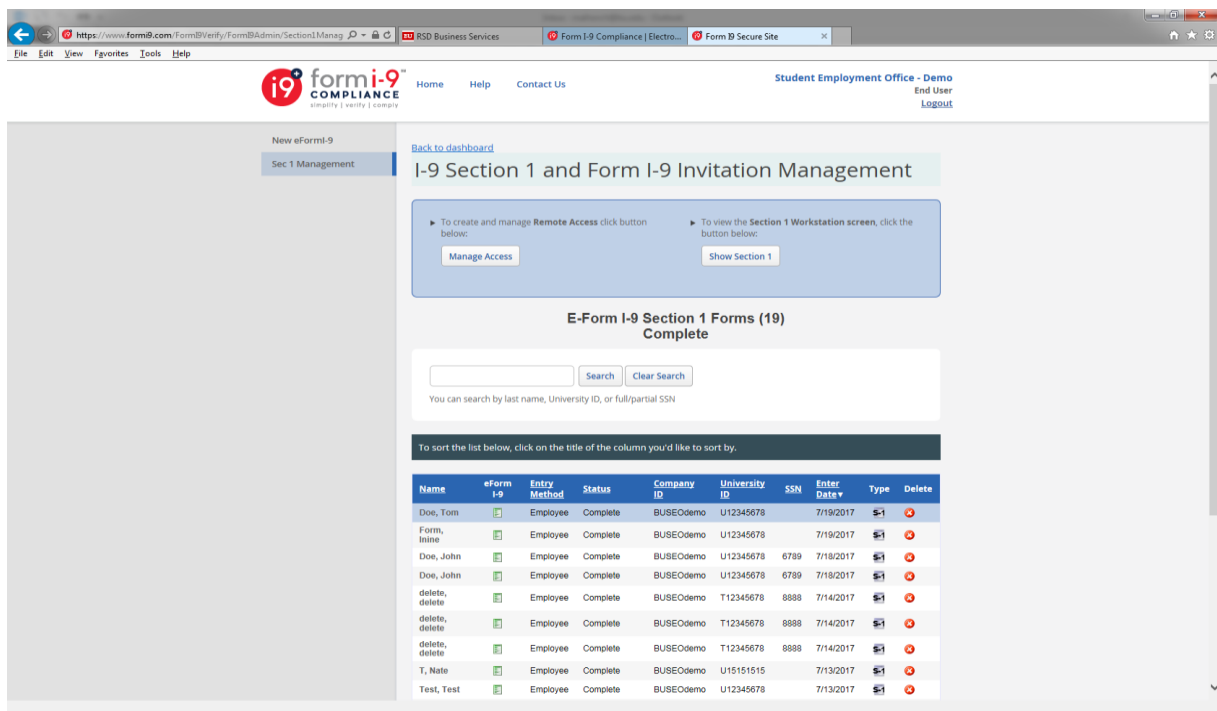
You should choose "Sec 1 Management" from the sidebar menu.

This brings you to **I-9 Section 1 and Form I-9 Invitation Management**.

Here you will find a list of all students who have already completed Section 1 of the Form I-9 using instructions from our website. You can do a search by Name or BU ID. Once you locate the student's information, click on the eForm I-9



icon next to the student's name.



This will take you into the student's Employment Eligibility Verification document (the Form I-9). The student's BUID will be listed at the top of this form. Please confirm with the student that their BUID information is correct. Section 1 of this document has already been completed by the student. You will need to scroll down to Section 2.

In Section 2, click on the "Select a Document" drop down list under List A. (Highlighted in mustard color.)

The drop down menu will allow you to choose various options, including choosing to complete information on List A, or choosing to complete List B and List C. Whether you choose List A or Lists B & C will depend on the documentation that the student has presented to you.

Signature of Employee:  Today's Date (mm/dd/yyyy):

Electronically Signed by Nate T  07/13/2017

**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.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**STEP Employer Completes Next Page STEP**

**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) <input type="text"/>	First Name (Given Name) <input type="text"/>	M.I. <input type="text"/>	Citizenship/Immigration Status <input type="text"/>
	T	Nate	N/A	1

[List A Identity and Employment Authorization](#) OR [List B Identity](#) AND [List C Employment Authorization](#)  
Special Rules Document Samples Special Rules Special Rules

Document Title: <input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Authority: <input type="text"/>	<input type="text"/>	<input type="text"/>
Document Number: <input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>	<input type="text"/>	<input type="text"/>

**Additional Information**

QR Code - Section 2 & 3  
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):  (See instructions for exemptions)

# List A Document:

Document Title: U.S. Passport

Issuing Authority: -- Select Issuing Authority --

Document Number: [Empty]

Expiration Date (if any)(mm/dd/yyyy): [Empty]

Additional Information: [Empty]

QR Code - Section 2 & 3 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): [Empty] (See instructions for exemptions)

Signature of Employer or Authorized Representative: [Empty] Today's Date (mm/dd/yyyy): 07/21/2017 Title of Employer or Authorized Representative: [Empty]

Last Name of Employer or Authorized Representative: [Empty] First Name of Employer or Authorized Representative: [Empty] Employer's Business or Organization Name: Student Employment Office - Demo

Employer's Business or Organization Address (Street Number and Name): 891 Commonwealth Ave. City or Town: Boston State: MA ZIP Code: 02215

Buttons: Save, Print PDF, Add eDocuments, Add Notes, Cancel

Home, Delete Form I-9, View Audit Trail

Lists of Acceptable Documents

# List B and List C Documents:

Employee info from Section 1

Last Name (Family Name): Cameranesi	First Name (Given Name): Danielle	M.I.: N/A	Citizenship/Immigration Status: 1
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List A Identity and Employment Authorization OR List B Identity AND List C Employment Authorization

Special Rules Document Samples Special Rules Special Rules

Document Title: List B and C Documents

Issuing Authority: [Empty]

Document Number: U24252614

Expiration Date (if any)(mm/dd/yyyy): [Empty]

Additional Information: [Empty]

QR Code - Section 2 & 3 Do Not Write in This Space

This document has no expiration date

**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): [Empty] (See instructions for exemptions)

Signature of Employer or Authorized Representative: [Empty] Today's Date (mm/dd/yyyy): 07/25/2017 Title of Employer or Authorized Representative: [Empty]

Follow the on-line instructions to complete information required for each document you are viewing. Required fields are identified by the mustard color in each section.

Note: For List C, Expiration Date is not required for these documents. For List B, if a student is presenting their **Terrier Card as a form of Identification, select Private Institution** from the Issuing Authority drop down menu.

Once you have completed inputting document information, you will proceed to the Certification Section of the document (still part of Section 2).

- Input the student's first day of employment, in mm/dd/yyyy order.
- Enter your job title.
- Enter your last name
- Enter your first name.
- Employer's Business will be prefilled with Student Employment Office
- Employer's Business or Organizational Address will be prefilled with 881 Comm. Ave.
- City or Town will be prefilled with Boston.
- State and Zip will be prefilled with MA and 02215

Final step is to check the box for Signature Validation.

This will bring up Section 2 Employer Signature – Instant Signature box for your e-signature.

The screenshot displays the 'Section 2 Employer Signature - Instant Signature' dialog box. The dialog box has a title bar with a close button. Below the title bar, there is a message: 'To E-Sign: Confirm name is correct, select and answer security question, then click E-Sign Document.' Below this message are two links: 'Make Form I-9 Instructions Available - Click here to Print' and 'Hide content'. The main content area of the dialog box contains three input fields: 'First Name' (with the value 'mary Ann'), 'MI', and 'Last Name' (with the value 'french'). Below these fields is a dropdown menu for 'What is your mother's name?' and a 'Hide content' link. A large text block follows, containing instructions for e-signing. At the bottom of the dialog box are two buttons: 'E-Sign Document' and 'Withdraw Consent'. The background shows the main form with fields for Issuing Authority, Document Number, Expiration Date, and Certification section.

Select your security question.

Enter your answer.

Click on E-sign Document

Now the I-9 process is complete and you can send off an email to whoever is doing the actual hiring of the student to let them know they can proceed. Or, you can simply close the email notification box.

The screenshot shows the Form I-9 verification interface. A dialog box titled "Send Notification Email" is open in the center. The dialog box features the Boston University logo and the text: "Please enter the hiring Manager's email address and click the 'Send EMail' button." Below this text is a field labeled "ENTER HIRING MANAGER EMAIL ADDRESS" with a text input box. At the bottom of the dialog are two buttons: "Send EMail" and "Close".

The background interface includes a list of document fields on the left, a certification statement, and a signature section. The signature section shows the following information:

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Electronically Signed by mary Ann french	07/21/2017	director	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
french	Mary Ann	Student Employment Office - Demo	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
881 Commonwealth Ave.	Boston	MA	02215

Buttons at the bottom include "Print PDF", "Add eDocuments", and "Add Notes".

Final view will be a notification that your **Electronic Signature is VERIFIED AND SECURE**

You can now close out the form.

The screenshot shows the Form I-9 verification interface with a confirmation message. The message reads: "Electronic Signature is VERIFIED AND SECURE". Below this message is a warning: "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." The message also includes the text: "Instant Signature" and "mary Ann french electronically signed the Form I-9, dated Friday, July 21, 2017 12:51 PM Pacific Time at the Employer's signature line." A green circular seal with a checkmark is visible next to the signature information. At the bottom of the message are two buttons: "Print this E-Signature receipt" and "Close Form".

The background interface includes the same certification statement and signature section as the previous screenshot. At the bottom of the page, there are additional buttons: "Home", "Delete Form I-9", "View Audit Trail", "Add New Section 3", "Terminate", and "Lists of Acceptable Documents".

If you encounter any issues or problems, please sent an email to [seo@bu.edu](mailto:seo@bu.edu) In Subject Line note "I-9 Issue".