

# How to Complete Supplement B (formerly Section 3) Reverifications and Rehires



Supplement B (formerly Section 3) can be used to reverify an employee's work authorization, update an employee's legal name or rehire a previously terminated employee. Follow the instructions below to assist with these updates.

First search for the employee and navigate to the **Employee Profile**.

Q Employee ✔ Sally Purple	
	Welcome, Sue

	Employee Prof	ile - Sally Purple		
Q Search	<b>O</b> DETAILS	TASK HISTORY	CHANGE PASSWORD	🎏 I-9 / E-Verif
😌 Employees			El constante de la constante de	

For Work Authorization Updates, you can navigate to the Employee Profile by clicking on the employee's name within a **Work Authorization widget**.

Name	👫 Work Auth Expires	11 Action	J1
Sally Purple	02/25/2024	18	
Ethan Hawk	03/10/2024		



Once on the Employee Profile page, go to the I-9/E-Verify tab and click on Supplement B.

Employee Profile - Sally Purple		Home / Administration / Employee Admin / Sally P
Employee Profile - Sally Purple O DETAILS TASK HISTORY View I-9	■ DOCUMENTS CHANGE PASSWORD F 1-9 / E-Verify I-9 Information Citizenship Status A noncitizen authorized to work: Work Until Date Z25/024 ✓ Update Work Until Date Hire Date 1/23/024 ✓ Revise Terminated On N/A	Home / Administration / Employee Admin / Sally P
	Can Purge On N/A Reason for Delay No delay specified. ✓ Update Reason reflay ✓ Supplement B Carporary EXT. Carpinate	

Click **Next** and choose which option you need to update.

Complete Supplement B - Sally Purp	le			
Complete Supplement B - Sally Purple	8			
Instructions Choose Action(s) Review/Sign Thank you	Complete Supplement B, Reverification and Rehire (form Supplement B can be used to update your Employee's Legal Name Change, Re Click <b>Next</b> to choose which option(s) you need to update.	nerly Section 3) hire Date, or to Reverify their Work Authorization.		
				Cancel Previous Next
Complete Supplement B - Sally Purpl Complete Supplement B - Sally Purple Instructions	e Choose which option(s) you need to update.			
Choose Acadon(s) Review/Sign Thank you	Update Employee Hire Date			<b>m</b>
	Update Employee's Legal Name First Name (Given Name) <b>O</b>	Middle Initial O	Last Name (Family Name) 🕚	
	Update Work Authorization Employee's Form I-9 documentation will be examined using a DHS aut	horized alternative procedure <b>0</b>		,
				Cancel Previous Next



#### To Assign Supplement B to another User or Authorized Representative.

From the Complete Supplement B page, click *Cancel*, which will return you to the Employee's Profile page.

Complete Supplement B - Sally Purp	le
Complete Supplement B - Sally Purple	
Instructions Choose Action(s)	Complete Supplement B, Reverification and Rehire (formerly Section 3)
Review/Sign	Click Next to choose which option(s) you need to update.
	Caneel Previous Next

Click on the **Task History** tab. The **Supplement B (aka Section 3)** will now be available for you to select who will be completing the update.

ployee Profile - Ruby Reds					Home / Adminis	tration / Employee Admin / Ruby R
9 DETAILS 📋 TASK HISTORY 🖿 DOCUMENTS	G CHANGE PASSWO	DRD    障 I-9 / E-Verify				
Showing 25 v rows					Search:	Export 🔻
WBS <sup>11</sup> Task	Priority	1 Status	Party Responsible	Assigned On	Ut Due Date	1 Action(s)
EI9 Electronic I-9	High	Pending Other Task Completion	Employer		05/14/2023	Choose 🖌
Section 2 - Form I-9	Medium	Complete	Employer		05/14/2023	Choose 🖌
Section 1 - Form I-9	Medium	Complete	Employee	05/11/2023	05/11/2023	Choose 🗸
Revise Section 2	High	Complete	Employer			
Supplement B (aka Section 3)	Medium	New	Employer			Choose 🗸
E-Verify Showing 1 to 6 of 6 rows 1 row selected	High	In Progress	Employer		05/14/2023	Choose Complete Assign to User Assign to Me Assign Outside Agent Cancel Task Have Employee Find Agent



#### **Update Work Authorization**

1. To update an employee's work authorization, choose **Update Work Authorization** and click **Next**.

Complete Supplement B - Sally	Purple			
Complete Supplement B - Sally P	urple			
Instructions Choose Action(s)	Choose which option(s) you need to update	te.		
Review/Sign Thank you	Date of Rehire 🖲			<b></b>
	Update Employee's Legal Name First Name (Given Name) 💿	Middle Initial 🕒	Last Name (Family Name) 🛛	
	Update Work Authorization Employee's Form 1-9 documentation will be exami	ined using a DHS authorized alternative procedure		,
			Cancel	Previous Next

2. Choose the document the employee is presenting to update their work authorization and click **Next**.

Complete Supplement B - Sally Pur	ple					
Complete Supplement B - Sally Purpl	le					
Instructions	Choose the Document prese	nted				
Choose Action(s)	The documents below can be used for r	everification based on the employee's c	itizenship status. You must accept any d	ocument from the List of Acceptable De	ocuments presented by the individual th	at reasonably appear on its face to be
Document Selection	genuine and relate to the individual pre-	senting them. You may not specify whic	h document(s) the individual may prese	nt.		
Document Details	Choose Document*					
Review/Sign	Click on the document the employee	is presenting from the options below.				
Thank you	Perm. Resident Card or Alien Reg. Receipt Card (Form I-551)	Employment Authorization Document w/ photo (Form I-766)	Foreign Passport w/ Arrival / Departure Record (Form I-94)	FSM Passport with Form I-94	Certificate of Eligibility for Exchange Visitor Status (Form DS-2019)	Certificate of Eligibility for Nonimmigrant Student Status (Form I-20)
	Social Security Account Number Card (Unrestricted)	Employment authorization document issued by the DHS				
	LIXC	List				/
						Cancel Previous Next



3. Complete the required fields and click **Next**.

Complete Supplement B - Sally Purp	le	
Complete Supplement B - Sally Purple	0	
Instructions Choose Action(s) Document Selection Document Details Review Sign Thank you	Complete Document Information This version contains the bearer's photo on the front and back, name, USCIS number, date of birth, and card expiration data along with updated artwork of the Statue of Liberty, holographic images on the front and back of the cards, a new layer-reveal feature with a partial window on the back photo box; and data fields displayed in different places than on previous versions. Cards may contain one of the following notations below the expiration date: "Not Valid for Reentry to U.S." or "Serves as 1-S12 Parole."	Correct 2d Front and Back         Front and Back         Pointer Same         Front and Back         <
	Check if document is a receipt for a replacement document that was lost, stolen, or destroyed.	
	Document Title 0	Document Number 0
	Employment Authorization Document w/ photo (Form I-766)	LIN1234567896
	Expiration Date (If any) 0	
	01/23/2025	,
		Cancel Previous Next.

### 4. Review the information entered, check the box the certification box and sign. Click **Next**.

Complete Supplement B - Sally Pur	ple
Complete Supplement B - Sally Purpl	le
Instructions Choose Action(s)	Review Information Entered and Sign Please review the Information entered, attest and sign. If information requires updating, click Previous to make any necessary changes.
Document Selection Document Details Review/Sign Thank you	Document Title Employment Authorization Document w/ photo (Form I-766) Document Number LINI12345/0396 Expiration Date 01/23/2025
	Please review, and confirm the above information is correct and then attest and sign off below.
	Options to sign within the signature box: 1. Mouse sign—Click on your mouse and sign using the mouse. 2. Generate—Chick Generate Signature to affix your signature. Click Clear if an error was made.
	Sue Pest Generate Signature Sign Above Line Over
	Cancel Previous Next

5. Click **Finish**, which will return you to the Employee Profile page.



ake it Simple.
rple
ple
Thank You Supplement B of the Form I-9 is now complete. Thank you for participating in the completion of the Form I-9.
Cancel Previous Fin

#### 6. Click on the I-9/E-Verify tab to review the Form I-9 Supplement B.

Employee Profile - Sally Purple	Home / Administration / Employee Admin / Sally Purple
\varTheta DETAILS 💼 TASK HISTORY 💼 DOCUMENTS 🔒 CHANGE PASSWORD 📙 1-97 E-Venity	
View I-9 I-9 Information	E-Verify Information
Citzenship Statu Anonotizen authorized to work: Work Until Date Wide Work Until Date Hire Date 1/23/025 ✓ Update Work Until Date Hire Date 1/23/025 ✓ Previse Terminated On NA Reson for Delay Modelay specified. ✓ Update Reason Delay ✓ Supplement B Imporary EXT. Imminate	Case Number N/A Submitted by N/A Case Status N/A

Last Name (Family Name) from Section 1.       First Name (Given Name) from Section 1.       Middle Initial (if any) from Section 1.         Purple       Sally       Middle Initial (if any) from Section 1.         Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employeers: Guidance for Completing Form I-9 (M-274)         Date of Rehire (if applicable)       New Name (if applicable)         Date (mm/dd/yyyy)       Last Name (Family Name)       First Name (Given Name)         Middle Initial       Middle Initial         Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization Document w/ photy LIN1234567896       Expiration Date (if any) (mm/dd/yyyy)         Document Time       Document Number (if any)       Expiration Date (if any) (mm/dd/yyyy)         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 or Authorized Representative       Signature of Employer or Authorized Representative         Name of Employer or Authorized Representative	8	Reverificati Do U.S. (	Supplement B, ion and Rehire (formerly Section epartment of Homeland Security Citizenship and Immigration Services	n 3) For Suppl OMB No Expires	SCIS rm I-9 ement B 0. 1615-0047 08/31/2026
Purple       Sally         Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)         Date of Rehire (if applicable)       New Name (if applicable)         Date (mm/dd/yyyy)       Last Name (Family Name)         First Name (Given Name)       Middle Initial         Reverification: If the employee requires reverification, your employee can choose be low.       Expiration Date (if any) (mm/dd/yyyy)         Document Time       Document Number (if any)       Expiration Date (if any) (mm/dd/yyyy)         Employment Authorization Document w/ photy LIN1234567896       Dif/23/2025       Inidiveryy)         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 documentation, the documentation I examined appears to be genuine and to relate to the Individual who presented It.         Name of Employer or Authorized Representative       Today's Date (mm/dd/yyyy)         Signature of Employer or Authorized Representative       Today's Date (mm/dd/yyyy)         Signature of Employer or	Last Name (Family Name) fro	om Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Se	ection 1.
Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)          Date of Rehire (if applicable)       New Name (if applicable)         Date (mm/dd/yyyy)       Last Name (Family Name)         First Name (Given Name)       Middle Initial         Reverification: If the employees requires reverification, your employee can choose below.       Expiration Date (if any) (mm/dd/yyyy)         Description: The employee requires reverification. Nume (if applicable)       Decoment Number (if any)         Date (mm/dd/yyyy)       Last Name (Family Name)       First Name (Given Name)         Middle Initial       Document Number (if any)       Expiration Date (if any) (mm/dd/yyyy)         Employment Authorization Document w/ photy LIN1234567896       D1/23/2025       Intervented the employee is authorized to work in the United States, and if the employee or Authorized Represented documentation, the documentation I examined appears to be genuine and to relate to the Individual who presented It.         Name of Employer or Authorized Representative       Signature of Employer or Authorized Representative       Today's Date (mm/dayyyy)	Purple		Sally		
Last Name (Family Name)       Pirst Name (Liven Name)       Middle Initial         Reverification:       If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show         continued employment authorization.       Enter the document information in the spaces below.         Document Title       Document Number (if any)       Expiration Date (if any) (nm/dd/yyyy)         Employment Authorization Document w/ photy       LIN1234567896       D1/23/2025         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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.         Name of Employer or Authorized Representative       Today's Date (mm/dd/yyyy)         Signa Tast       Signa Tast	completing this page. Ke Handbook for Employers:	ep this page as part of the : Guidance for Completing I	employee's Form I-9 record. Additional guidance of Form I-9 (M-274)	can be found in the	fore
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.         Document Title       Document Number (f any)         Employment Authorization Document w/ photy LIN1234567896       Expiration Date (ff any) (mm/dd/yyyy)         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 documentation, the documentation lexamined appears to be genuine and to relate to the individual who presented it.         Name of Employer or Authorized Representative       Signature of Employer or Authorized Representative       Today's Date (mm/dd/yyy)         Signature of Employer or Authorized Representative       Signature of Employer or Authorized Representative       Today's Date (mm/dd/yyy)	completing this page. Ke Handbook for Employers: Date of Rehire (if applicable)	eep this page as part of the cuidance for Completing I New Name (if applicable)	employee's Form I-9 record. Additional guidance of Form I-9 (M-274)	can be found in the	fore
Document Title         Document Number (if any)         Expiration Date (if any) (mm/dd/yyyy)           Employment Authorization Document w/ photy         LIN1234567896         01/23/2025           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 documentation, the documentation appears to be genuine and to relate to the Individual who presented it.           Name of Employer or Authorized Representative         Signature of Employer or Authorized Representative         Today's Date (mm/dd/yyyy)           Signature of Employer or Authorized Representative         Signature of Employer or Authorized Representative         Today's Date (mm/dd/yyyy)	completing this page. Ke Handbook for Employers: Date of Rehire (if applicable) Date (mm/dd/)yyyy)	eep this page as part of the Cuidance for Completing I New Name (If applicable) Last Name (Family Name)	First Name (Given Name)	can be found in the	iddie Initial
Employment Authorization Document w/ phot/LIN1234567896         O1/23/2025           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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.           Name of Employer or Authorized Representative         Signature of Employer or Authorized Representative         Today's Date (mm/dd/yyy)           Signature of Employer or Authorized Representative         Signature of Employer or Authorized Representative         Today's Date (mm/dd/yyy)	completing this page. Ke Handbook for Employers: Date of Rehire (If applicable) Date (mm/dd/yyyy) Reverification. If the emplo continued employment auth	this page as part of the Cuidance for Completing I New Name (If applicable) Last Name (Family Name) page requires reverification, yo norization. Enter the docume	First Name (Given Name)  First Name (Given Name)  Dur employee can choose to present any acceptable Li nt information in the spaces below.	ist A or List C documentation	iddle Initial to show
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.       Name of Employer or Authorized Representative     Signature of Employer or Authorized Representative     Today's Date (mm/ad/yyyy)       Signature of Employer or Authorized Representative     Signature of Employer or Authorized Representative     Today's Date (mm/ad/yyyy)	completing this page. Ke Handbook for Employers; Date of Rehire (if applicable) Date (mm/dd/yyyy) Reverification: If the employ continued employment auth Document Title	this page as part of the Culdance for Completing I New Name (If applicable) Last Name (Family Name) usee requires reverification, yo norization. Enter the document	Pirst Name (Given Name)  Pirst Name (Given Name)  pur employee can choose to present any acceptable Li nt information in the spaces below.  Document Number (if any)	ist A or List C documentation Expiration Date (if any) (it	to show
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#### <u>Rehire</u>

1. To rehire an employee, click on the I-9/E-Verify tab and click Un-Terminate.

	a series a s
🕒 DETAILS 💼 TASK HISTORY 🖿 DOCUMENTS 🔒 CHANGE PASSWORD 🏴 1-9 / E-Verify	
View I-9 I-9 Information	E-Verify Information
Citizenship Status A citizen of the United States Work United States N/A Hire Date Terminated On 1/23/2024	Case Number 202002315634210C Employee Name Paul MCCatriney Submitted by Sue Test. Case Status The case is being reviewed by DHS
Can Purge On 1/23/2027	List A/B Document U.S. Passport
Reason for Delay No delay specified.	Document Number 2586526
Supplement B 📾 Temporary EXT. 🛱 Un-Terminate	Expiration Date 2027-06-30
	00 Process Case

Click **Yes-Continue** to confirm that you want to un-terminate this employee.

			🔍 😧 齬 Jan
file - Paul McCartney	Un-terminate Employee		Home /
	Do you want to unterminate this employee?	/	
TASK HISTORY	Ye	s - Continue No - Cancel	
	I-9 Information	E-Verity Information	
	Citizenship Status A citizen of the United States	<b>Case Number</b> 2024023163421BC	
anna Childrean an ann an ann an ann an ann an ann an a	Work Until Date	Employee Name	

2. From the I-9/E-Verify tab, click Supplement B and choose Update Employee Hire Date, enter the Date of Rehire and click Next.

Complete Supplement B - Paul Me	cCartney			
Complete Supplement B - Paul McC	Cartney			
Instructions				
Choose Action(s)	Choose which option(s) you need to update.			
Review/Sign	Date of Rehire <b>O</b>			
Thank you	01/28/2024			曲
	Update Employee's Legal Name			
	First Name (Given Name) 🛛	Middle Initial	Last Name (Family Name)	
				1
				Cancel Previous Next



3. Review the information entered, check the box the certification box and sign. Click **Next**.

Complete Supplement B - Paul	McCartney
Complete Supplement B - Paul M	AcCartney
Instructions Choose Action(s)	Review Information Entered and Sign Please review the Information entered, attest and sign. If information requires updating, click Previous to make any necessary changes.
Review/Sign Thank you	Rehire Date 01/28/2024
	Please review, and confirm the above information is correct and then attest and sign off below.
	Options to sign within the signature box: 1. Mouse sign—Click on your mouse and sign using the mouse. 2. Generate—Click Generate Signature to affix your signature. Click <i>Clear</i> if an error was made.
	Sue Test
	Generate SignAbove Line Clear

4. Click **Finish**, which will return you to the Employee Profile page.

Complete Supplement B - Paul McC	Cartney	
Complete Supplement B - Paul McCar	rtney	
Instructions Choose Action(s) Review/Sign Thank you	Thank You Supplement B of the Form I-9 is now complete. Thank you for participating in the completion of the Form I-9.	,
	Cancel Previous	Finish

5. Click on the I-9/E-Verify tab to review the Form I-9 Supplement B.



	еу					Home / Administration / Employee A
AILS 🍵 TASK HISTORY		S & CHANGE PASSWORI	D F-9 / E-Verify			
	1.0 Inform	-		E Verifi, Informa		
ew 1-5	1-9 101010	nation		e-verity informa	nton	
	Citizenshi A citizen o	<b>p Status</b> f the United States		Case Number 202402316342180		
	Work Unt	il Date		Employee Name		
Participant and Participant	N/A			Paul McCartney		
	Hire Date			Submitted by		
Provide State	✓ Revise	2		Sue lest		
	Terminate	ed On		The case is being r	eviewed by DHS	
Q View I-9	N/A					
	Can Purge	On		List A/B Documer	nt	
	Reason fo	r Delay		Document Numb	or	
	No delay s	pecified.		2586526		
	✓ Suppl	ement B 📾 Temporary EXT	🗄 Terminate	Expiration Date		
				2027-06-30		
				M6 Process Case		
	)	Reverifi	cation and Rehire Department of Hom	e (formerly Section 3 eland Security	3) Su	USCIS Form I-9 pplement B 3 No. 1615-0047
	)	Reverifie	cation and Rehire Department of Hom J.S. Citizenship and Imr	e (formerly Section 3 eland Security migration Services	3) Su OME Exp	USCIS Form I-9 pplement B 3 No. 1615-0047 irres 08/31/2026
Last Name (P	Family Name) from	Reverifie U	Cation and Rehire Department of Hom J.S. Citizenship and Imr First Name (Given	e (formerly Section 3 eland Security migration Services	3) Su OME Exp Middle initial (if any) fro	USCIS Form I-9 pplement B 3 No. 1615-0047 irres 08/31/2026
Last Name (A McCartney	Family Name) from Y	Reverifie	Cation and Rehire Department of Hom J.S. Citizenship and Imr First Name (Given Paul	e (formerly Section 3 eland Security migration Services Name) from Section 1.	3) Su OMI Exp Middle initial (if any) fro	USCIS Form I-9 pplement B 3 No. 1615-0047 irres 08/31/2026
Last Name (* McCartney Instructions: reverifications the employe completing to Handbook fo	Family Name) from y : This supplem n, is rehired wit re's name in the this page. Keej or Employers: ( re (if applicable)	Reverifie U Section 1.	A section and Rehire Department of Home U.S. Citizenship and Imr Paul 3 on the previous version - e date the original Form I-9 new section for each rever the employee's Form I-9 re ting Form I-9 (M-274)	e (formerly Section 3 eland Security migration Services Name) from Section 1. of Form I-9. Only use this page was completed, or provides pr ification or rehire. Review the second. Additional guidance car	3) Su OMI Exp Middle initial (if any) fro e if your employee re roof of a legal name of Form I-9 instructions he found in the	USCIS Form I-9 pplement B 3 No. 1615-0047 irres 08/31/2026
Last Name (* McCartney Instructions: reverification the employer completing t Handbook fo Date of Rehir Date of merid	Family Name) from y : This supplem n, is rehired will this page. Keep or Employers: ( re (# applicable) Wyyy)	Reverifie U section 1.	A section and Rehire Department of Home U.S. Citizenship and Imr Paul 3 on the previous version - e date the original Form I-9 new section for each rever the employee's Form I-9 ret ting Form I-9 (M-274) Net Section 1 - 2 (M-274) Net Section 1 - 2 (M-274) Net Section 1 - 2 (M-274)	e (formerly Section 3 eland Security migration Services Name) from Section 1. of Form I-9. Only use this page was completed, or provides pr ification or rehire. Review the second. Additional guidance car	3) Su OMI Exp Middle initial (if any) fro e If your employee re roof of a legal name of Form I-9 instructions h be found in the	USCIS Form I-9 pplement B 3 No. 1615-0047 irres 08/31/2026
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Last Name (/ McCartney Instructions reverification the employe completing t Handbook fo Date of Rehir Date (mmddd 01/28/2022	Family Name) from y : This supplem this page. Kee or Employers: ( re (# applicable) byyy) 4 in. If the employment author	Reverifie Section 1. Section 1. Thent replaces Section thin three years of the fields above. Use a p this page as part of Guidance for Comple New Name (If applicable) Last Name (Family Nam Lee requires reverification rization. Enter the doo	Cation and Rehire Department of Hom U.S. Citizenship and Imr Site of Hom Paul 3 on the previous version e date the original Form 1-9 new section for each rever the employee's Form 1-9 reting Form 1-9 (M-274) Net Dep, your employee can choos rument information in the spar	e (formerly Section 3 eland Security migration Services Name) from Section 1. of Form I-9. Only use this page was completed, or provides pr ification or rehire. Review the second. Additional guidance car First Name (Given Name) e to present any acceptable List ces below.	3) Su OMI Exp Middle initial (if any) fro e If your employee re roof of a legal name of Form I-9 instructions h be found in the A or List C documenta	A show the show
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## Name Change

1. To update an employee's legal name, click on the I-9/E-Verify tab.



Employee Profile - Rhonda Daniel	Home / Administration / Employee Admin / Rhonda I
O DETAILS       TASK HISTORY       ■ DOCUMENTS       ■ CHANGE PASSWORD       ■ 1-9 / E-Verify         View 1-9       Image: Status       A noncitien authorized to work.         View 1-9       Citizenship Status       A noncitien authorized to work.         View 1-9       Hite / Rehire Date       109/2023         Terminated On       N/A       Can Purge On         V/A       Reason for Delay       No delay specified.         ✓ Update Reason Delay       ✓ supplement B       Terminate	E-Verify Information Case Number NA Employee Name NA Submitted by NA Case Status NA Case Status NA

2. From the **I-9/E-Verify** tab, click Supplement B and choose **Update Employee's Legal Name**, enter the updated name, and click **Next**.

Complete Supplement B - Rhon	nda Daniel			
Complete Supplement B - Rhon	da Daniel			
Instructions	Choose which option(s) you need to updat	e.		
Choose Action(s)	Update Employee Hire Date			
Review/Sign	Date of Rehire <b>()</b>			
Thank you				曲
	Update Employee's Legal Name			
	First Name (Given Name) 0	Middle Initial 🚳	Last Name (Family Name) 🚳	
	Enter legal first name	Enter middle initial, if any	Jones	
	Update Work Authorization			
	Employee's Form I-9 documentation will be examin	ed using a DHS authorized alternative procedure $oldsymbol{0}$		1
			Cancel	revious Next

3. Review the information entered, check the box the certification box and sign. Click **Next**.

GRYPHONH	2
Compliance Matters. Make it Simpl	e.

Complete Supplement B - Rhonda D	Daniel
Complete Supplement B - Rhonda Da	aniel
Instructions Choose Action(s)	Review Information Entered and Sign Please review the Information entered, attest and sign. If information requires updating, click Previous to make any necessary changes.
Review/Sign Thank you	Legal First Name         Legal Middle Initial         Legal Last Name         Jones         Please review, and confirm the above information is correct and then attest and sign off below.
	Certification: Lattest, under panalty of prepury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation Lexamined appears to be genuine and to relute to the individual who presented it. Options to sign within the signature box: 1. Mouse sign-Click no your mouse and sign using the mouse. 2. Generate—Click <i>Clearif</i> an error was made.
	Sue Test Generate Signature Sign Above Line Dear
	Cancel Previous Next

4. Click **Finish**, which will return you to the Employee Profile page.

Complete Supplement B - Rhonda D	Janiel
Complete Supplement B - Rhonda Da	niel
Instructions	Thank You
Choose Action(s)	Supplement 9.4 the Earth 1.6 is near complete. These was for extricting in the completion of the Earth 1.9
	appenent o or the runn existing of the participanting in the completion of the event
Review/Sign	
Thank you	
	Cancel Previous Finish

5. Click on the I-9/E-Verify tab to review the Form I-9 Supplement B.



Employee Profile - Rhonda Daniel				Home / Administration / Employee Admin / Rhonda Daniel
DETAILS	DOCUMENTS	篇 I-9 / E-Verify		
View I-9	I-9 Information Citizenship Status A nonclikern authorized to work Work Until Date 2/5/2023 Wire / Rehire Date 10/9/2023 Time / Rehire Date N/A Can Purge On N/A M Roson for Delay No delay specified. ✓ Update Reason Delay ✓ Supplement B Time Terminate		E-Verify Information Case Number N/A Submitted by N/A Case Status N/A	
I-9 Notes				
Showing 25 v rows				Search: Add Export 🔻
Note Type	11 Title 11 Notes	11 Last Modified	👫 Modified By	11 Action 11

8	<b>Reverificat</b> D U.S.	Supplemen ion and Rehire ( epartment of Homele Citizenship and Immi	t B, formerly Section 3 and Security gration Services	3) Su OMH Exp	USCIS Form I-9 Ipplement I B No. 1615-00 bires 08/31/202
Last Name (Family Name) f	from Section 1.	First Name (Given Na	ame) from Section 1.	Middle initial (if any) fro	om Section 1.
Daniel		Rhonda			
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