



# Cornell University International Students and Scholars Office

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## APPOINTMENT AUTHORIZATION (I-9)

### Directions for Departments Appointing F-1 and J-1 Students

**Background Information on I-9:** All international students on F-1 or J-1 student visas must complete the U.S. federal I-9 before starting hourly student employment or graduate assistantships. The hiring department OR HR hub will complete this form. **NOTE:** International students may NOT be appointed for more than 20 hours per week during enrolled semesters.

#### Steps for I-9 Certification (detailed explanations pages 3-6):

- 1) Student completes section 1 of the I-9 (page 1)
- 2) Appointing department or HR representative checks that the student has (a) valid passport (b) unexpired F1 I-20 or J1 DS-2019 (c) a print out from the I-94 website [www.cbp.gov/I94](http://www.cbp.gov/I94) and for SOME J-1 students, and employment or appointment letter (see below). **PLEASE NOTE: J1 students may ONLY BE AUTHORIZED FOR ONE YEAR AT A TIME (details below).**
- 3) Appointing department or HR representative completes List A of section 2 of the I-9 and fills out the “certification” portion.
- 4) Appointing department or HR representative completes the “employment eligibility” ink stamp on page 2 of the I-9.
- 5) Appointing department or HR representative completes the J-1 student on campus appointment form for J-1 students and sends it to the ISSO by campus mail as explained on the form. **PLEASE NOTE: J1 students may ONLY BE AUTHORIZED FOR ONE YEAR AT A TIME (details below).**

#### Samples of the Required Items:

- a) Foreign national passport (used to establish identity):



b) and the I-20:

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO 1653-0038

SEVIS ID: N000000000

PERSON'S PRIMARY NAME THE POCH PERSON'S LAST NAME WINNIE THE POCH COUNTRY OF BIRTH DATE OF BIRTH 20 APRIL 1995 NUMBER AND REASON FOR PREVIOUS ATTENDANCE SCHOOL INFORMATION SCHOOL NAME Cornell University SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Sarah Hilsner PROGRAM OF STUDY EDUCATION LEVEL DOCTORATE PROGRAM ENGLISH PROFICIENCY Required START OF CLASSES FINANCIALS ESTIMATED AVERAGE COSTS FOR 12 MONTHS	GIVEN NAME WINNIE PASSPORT NUMBER COUNTRY OF CITIZENSHIP UNITED KINGDOM LEGACY NAME SCHOOL ADDRESS 360 Bay Hall, 16 East Avenue., Cornell University, Ithaca, NY 14853 SCHOOL CODE AND APPROVAL DATE MAJOR 1 Electrical and Electronics Engineering 14.1021 MAJOR 2 None 00.0000 ENGLISH PROFICIENCY TEST Student is proficient EARLIEST ADMISSION DATE PROGRAM STARTED DATE 25 AUGUST 2019 STUDENT'S FUNDING FOR 12 MONTHS	Class of Admission <b>F-1</b>  ACADEMIC AND LANGUAGE
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The I-20 has the SEVIS id# (upper left side) and the "program end date" in the middle under Program of Study.

or DS-2019:

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO 1605-0111  
05/08/2017  
ESTIMATED BY RUBEN TRIVIS 4/5/2018  
DS-2019 Page 2

1. Person's Primary Name THE POCH Date of Birth 04/30/1995 City of Birth LONDON Country of Birth UNITED KINGDOM Legal Permanent Resident Country Code UNITED KINGDOM Primary Site of Activity Cornell - Ithaca IZSO 350 Caldwel Hall ITHACA, NY 14853 2. Program Sponsor Cornell University Participation Program Code PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE Purpose of this form Replace a DS-2019 form (Lost)	Person's Name WINNIE Gender MALE SEVIS ID N000000000 Status J-1 3. Form Covers Period From (mm/dd/yyyy) 08/23/2016 To (mm/dd/yyyy) 05/26/2019 4. Purpose Visitor Category Student Doctorate 14.1001 Electrical and Electronics Engineering 5. During the period covered by this form, the total estimated financial support for U.S. study to be provided by the exchange visitor by: Sponsor Program Sponsor Funds = \$41,000.00 Total = \$41,000.00
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The DS-2019 has the SEVIS id# (upper right), the "program sponsor in item 2, and the end date of J-1 status in item 3.

c) I-94 US Admission Record print out from the I-94 website [www.cbp.gov/I94](http://www.cbp.gov/I94)

The screenshot shows the U.S. Customs and Border Protection logo at the top left. The header text reads "U.S. Customs and Border Protection" with the tagline "Securing America & Borders" below it. The main heading is "Most Recent I-94". The record details are as follows:

- Admission (I-94) Record Number: 01234567898
- Most Recent Date of Entry: 2016 January 23
- Class of Admission: F1
- Admit Until Date: D/S

Below this, it states "Details provided on the I-94 information form:" followed by the following fields:

- Last/Surname: THI PHOI
- First (Given) Name: WINNIE
- Birth Date: 1985 April 30
- Passport Number: 981234567
- Country of Issuance: UNITED KINGDOM

At the bottom right of the form area, there is a link that says "Get Travel History".

d) **LETTER from SPONSOR for some J-1 Students only:** J-1 students usually have DS-2019s with "Cornell University" listed as the sponsor in Item #2, but they also sometimes have different sponsors in Item 2 even though they are attending Cornell. They might have "Fulbright" as a sponsor. If they have anyone other than Cornell as a sponsor in item 2, you also need to get a letter from the sponsor from the student in order to complete the I-9. The letter from the sponsor has to specifically authorize the specific hourly student employment or graduate assistantship and dates that the student will be appointed or else we cannot do the I-9. Appointing department or HR representative does NOT need to list that letter on the I-9. Copy that letter and send the copy with the J-1 student ON CAMPUS APPOINTMENT form to the ISSO. **PLEASE NOTE: J1 students may ONLY BE AUTHORIZED FOR ONE YEAR AT A TIME**

e) **For J-1 Students only:** Complete J-1 student on campus appointment form and send by campus mail to the ISSO as directed on the form.

### COMPLETING THE I-9:

- 1) Student fills in "Section 1: Employee information" on page 1:
  - a. If the student does not have a middle initial, they must enter N/A.
  - b. If the student does not have other last names, they must enter N/A.
  - c. If the student does not have an apartment number, they must enter N/A.
  - d. If the student does not have a social security number—leave that field blank.
  - e. If the student elects to not provide their email address, they must enter N/A.
  - f. If the student elects to not provide their telephone number, they must enter N/A.



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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.

**WARNING: EMPLOYER INFORMATION AND APPLICABLE TO ALL EMPLOYERS:** Your completion and sign Section 1 of Form I-9 no later than the first date of employment, but not before acceptance of the hire.

Last Name (Family Name) THE POOH	First Name (Given Name) Winnie	Middle Initial N/A	Other Last Names Used (if any) N/A
Address (Street Number and Name) House at Posh Corner	Apt. Number N/A	City or Town Hundred Acre Woods	State NY
Date of Birth (mm/dd/yyyy) 4/30/1995	U.S. Social Security Number [ ]-[ ]-[ ]-[ ]-[ ]-[ ]	Employee's E-mail Address pooh@gmail.com	ZIP Code 14853
Employee's Telephone Number N/A			

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 boxes):

- g. Student must check box “4. An alien authorized to work until.” The student should enter the “program end date” under “program of study” on the I-20 OR the “to” date in item 3 of DS-2019.
- h. Under #4, the student should fill in one of the three choices, and enter N/A on the ones not included—an example would be:
  1. Alien Registration Number / USCIS Number: N/A
  2. Form I-94 Admission Number: 12345678912 [This is the number listed on the print out from the I-94 website [www.cbp.gov/I94](http://www.cbp.gov/I94) .]
  3. Foreign passport number: N/A
 Country of Issuance: N/A
- i. Student must sign and date form
- j. Under signature and date line, student must check the box “I did not use a preparer or translator” if true, or if they did use a preparer or translator, that box must be checked and the preparer / translator section must be completed.

connection with the completion of this form.

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number)
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write “N/A” in the expiration date field. (See Instructions)

Alien 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: OR N/A	OR Call - Section 1 or Fill in This Space
2. Form I-94 Admission Number: OR 12345678912	
3. Foreign Passport Number: OR N/A	

Country of Issuance: N/A

Signature of Employee: Winnie The Pooh  
 Today's Date (mm/dd/yyyy): 1/24/2017

**PREPARER OR TRANSLATOR VERIFICATION (check one):**  
 I did not use a preparer or translator.  A preparer or translator assisted the employee in completing Section 1.  
 A preparer must be completed and signed with preparer's and/or translator's assist an employee in completing Section 1.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: \_\_\_\_\_  
 Today's Date (mm/dd/yyyy): \_\_\_\_\_

Last Name (Family Name): \_\_\_\_\_  
 First Name (Given Name): \_\_\_\_\_  
 Address (Street Number and Name): \_\_\_\_\_  
 City or Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

- 2) You, the appointing department administrator or HR representative, will also complete “Section 2: Employer review” on the page 2:
- Include student name in the box at the top exactly as it appears on page 1, including N/A for middle initial if that was on page 1.
  - For Citizenship / Immigration Status, include the number “4” which corresponds to the choice “alien authorized to work” on page 1.
  - Under “List A” first record the passport as detailed below.
  - For the second document, record the “I-20” or “DS-2019”— include the “SEVIS ID #” from the I-20 / DS-2019—it should be “N” followed by 10 digits, and program end date of I-20 or “to” date on the DS-2019 (item 3).
  - For the third document, record “I-94” as document title, “USCBP” as issuing agency, the actual I-94 or “arrival” number for “document number,” and for expiration date, called “Admit Until Date” on I-94, write “D/S” which stands for duration of status.

List A		OR	List B	AND	List C
Employee Info from Section 1	Last Name (Family Name) The Pooh		First Name (Given Name) Winnie	M.I. N/A	Citizenship/Immigration Status 4

  

Identity and Employment Authorization		Identity	Employment Authorization
Document Title Passport	Document Title	Document Title	Document Title
Issuing Authority United Kingdom	Issuing Authority	Issuing Authority	Issuing Authority
Document Number G01234567	Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy) 02/09/2024	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title I-20	Additional Information		OR Code - Section 7 & 3 Do Not Write In This Space
Issuing Authority D.H.S.	Employ. Eligibility 1/24/17 - 5/26/19		
Document Number N000000000	Visa type F1 for J1 student		
Expiration Date (if any)(mm/dd/yyyy) 5/26/2019	Dept. any dept.	Title any title	
Document Title I-94 record	Sig. your signature	Date 1/24/17	
Issuing Authority U.S. C.B.P.			
Document Number 12345678912			
Expiration Date (if any)(mm/dd/yyyy) D/S			

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) are in the name and to relate to the employee named, and (3) to the best of my knowledge the

- 3) On the middle of the form, you will fill in the information required on the ink stamp included by the ISSO:

Additional Information		QR Code - Sections Do Not Write In This
Employ. Eligibility	1/24/17 - 5/26/2019	
Visa type	F1 [or J1 student]	
Dept.	any dept. Title any title	
Sig.	Your Signature Date 1/24/17	

**PLEASE NOTE: J1 students may ONLY BE AUTHORIZED FOR ONE YEAR AT A TIME!!!! (this is an immigration regulation, not an ISSO policy)**

- “Employ. eligibility” = start and end date of I-20 for F1 students. For J1 students, the start date should be the start date of on campus employment or graduate assistantship to **ONE YEAR LATER for J-1 students** who have Cornell as the sponsor on the DS-2019 item 2, or the end date listed on the sponsoring agency authorization letter for J-1 students who have a different sponsor in item 2 of the DS-2019. **PLEASE NOTE: J1 students may ONLY BE AUTHORIZED FOR ONE YEAR AT A TIME as per regulations.**
- Ignore “visa status dates (if diff)” line—leave it blank.
- “Visa Type”: enter “F-1” or “J-1 student”
- Dept. = [appointing department OR “any” for F-1 students and J-1 students with Cornell listed as sponsor in item 2]
- Title = [student hourly student employment or graduate assistantship title or “any” for F-1 students and J-1 students with Cornell listed as sponsor in item 2]
- Sign and date

4) Complete the section entitled “Certification”:

- Include the date the student started the hourly student employment or graduate assistantship.
- Finally, just sign, date, include your name, title and office information.
- The I-9’s for student hourly appointments are to be submitted to the Student Employment Office for review/processing; I-9’s for graduate appointments are to be uploaded, and I-9 completion date entered in the paper I-9 date field in the student’s record in Workday.
- Forward the J-1 student on campus work form to the ISSO if applicable and include a copy of the appointment letter if the J student has an outside sponsor in item 2 of the DS-2019.

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): 1/25/2017 (See Instructions for exemptions)

Signature of Employer or Authorized Representative Your Signature		Today's Date (mm/dd/yyyy) 1/24/2017	Title of Employer or Authorized Representative Your title
Last Name of Employer or Authorized Representative YOUR LAST NAME	First Name of Employer or Authorized Representative YOUR FIRST NAME	Employer's Business or Organization Name Your office	
Employer's Business or Organization Address (Street Number and Name) Your office address		City or Town Ithaca	State NY
		ZIP Code 14853	

Section 5: Verification and Renewal (to be completed and signed by employer or authorized representative)



**Cornell University  
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and Scholars Office**

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Web: <http://www.isso.cornell.edu>

## **J-1 Student On-Campus Appointment**

This form must be filled out when a J-1 student is appointed for an hourly student employment or graduate assistantship. Please fill it out at the time of completing the I-9 and forward the completed form by campus mail to Sarah Hilsman, ISSO, B-50 Caldwell Hall. Thank you!

Student Name: \_\_\_\_\_

Department appointing student: \_\_\_\_\_

Department address: \_\_\_\_\_

\_\_\_\_\_

How many hours per week will the student be appointed for?: \_\_\_\_\_

[Please note that international students in F-1 or J-1 status may not be appointed more than 20 hours per week during semesters in which they are enrolled.]

Appointment title of on campus hourly student employment or graduate assistantship: \_\_\_\_\_

Begin date: \_\_\_\_\_

End date [not more than one year from begin date]: \_\_\_\_\_







**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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.

**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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

SEP Employer Completes Next Page SEP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 "List of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<b>Additional Information</b>  Employ. Eligibility _____  Visa type _____ Dept. _____ Title _____ Sig. _____ Date _____		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**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)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**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.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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