

Completing the Form I-9 and other employment forms on the Student Employment Job Board.

1 Navigate to the [Student Employment Job Board](#)

2 Students will see a list of Employment Eligibility forms and details from the Dashboard. Each form will display the current status of each form. These forms will become available once a supervisor has submitted a hire request.

The screenshot shows the 'Student Employment Office: Job Board' dashboard. It includes a navigation bar with 'Employees' and 'Help' menus, and a 'User Dashboard' section with tabs for 'Employee Information', 'Applications', and 'Job Mail'. A warning message states: 'WAIT!!!! You may still need to complete one or more forms required or accept your hire before you can be hired and begin working. Please review the Employment Eligibility Forms & Details and/or Hire sections below to determine if you need to complete any remaining forms before you can be hired. If you DO need to complete any outstanding forms, the form links will be highlighted in pink below. Please click the blue link next to the first form status that is 'Not Completed' so you may complete the form. Please complete this process for all forms 'Not Completed'. You may also need to look for a link to Accept/Decline any hire pending action below.'

Employment Eligibility Forms & Details

Criteria	Status	Link?
I9 Status	Not completed	Form I-9
International Form Status	Completed	
Confidentiality Form Status	Not Completed	Student Employment Confidentiality Policy
FERPA Form Status	Not Completed	FERPA Non-Disclosure Agreement

Display: Employee Information

Hires

Name	Cost Center	Wage	Hours	Start Date	End Date	Supervisor	Forms / Status
Laboratory Assistant	Chemistry (10000180)	\$15.00	5	01/15/2024	05/19/2024	Didem Vardar-Ulu	

Completing Section 1 of the Form I-9

3 Click "Form I-9"

Employment Eligibility Forms & Details

Criteria	Status	Link?
I9 Status	Not completed	Form I-9
International Form Status	Completed	
Confidentiality Form Status	Not Completed	Student Employment Confidentiality Policy
FERPA Form Status	Not Completed	FERPA Non-Disclosure Agreement

4 Read the instructions provided.



First Name:
Last Name:

As a new student employee at Boston University, you are required to complete a Form I-9. Completing form I-9 is required by the government for authorization to work in the US. Please complete Section 1 of the I-9 electronically to verify your employment eligibility.

Instructions for Section 1 (Page One) - [Click here](#) for more instructions on completing the Form I-9.

- **International Students:** Please use your local address
- **US Citizens and Permanent Residents:** Please use your home address.

After Completing Section 1

Please click the 'Next' button to continue to view all pages of the legal document and click 'Submit' on the last page.

You are completed with Section 1 when you land on the confirmation page at the end.

Instructions for Section 2

Next, you will be required to present I-9 documentation in person when you meet with your supervisor (preferred method) or First Point advisor to complete your Form I-9, Section 2. Original forms of identification for employment eligibility are required. Photocopies are not acceptable.

Please note, Form I-9 is a Federal document. Legal names will be listed on this form for further processing and completion. If you do not want your hiring manager/supervisor viewing your Legal Name, rather than your Display Name, you may select **First Point** for assistance with the completion of Section 2.

- **US Citizens/Permanent Residents:** Present one document from List A or Present one document from List B and one document from List C **Example Documents include, but are not limited to:**
 - **Option 1:** US Passport OR US Passport Card
 - **Option 2:** BU ID *and* Social Security Card
 - **Option 3:** BU ID *and* Birth Certificate
- **International Students:** Present one document from List A or Present one document from List B and one document from List C. **Example Documents include, but are not limited to:**
 - your passport, most recent I-94, and I-20 (F-1 or J-1)

If you have any questions, please email seo@bu.edu.

Please select your supervisor (preferred method) or First Point advisor in the drop down below and bring your required documents when you meet in person with that person.

Location:



Alert!

The Form I-9 is comprised of 2 sections.

The student completes section 1.

Section 2 is completed by the hiring supervisor or authorized representative.

Students are required to present identification documentation in person to the party assisting in completing section 2.

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Select the "Location" you'll bring your required documentation for review and processing.

- Option 1: US Passport OR US Passport Card
- Option 2: BU ID and Social Security Card
- Option 3: BU ID and Birth Certificate
- **International Students:** Present one document from List A or Present one document from List B and one document from List C. Example Documents include, but are not limited to:
 - your passport, most recent I-94, and I-20 (F-1 or J-1)

If you have any questions, please email seo@bu.edu.

Please select your supervisor (preferred method) or First Point advisor in the drop down below and bring your required documents when you meet in person with that person.

Location:

6 Click "Click Here" to proceed to the form.

- **Option 3: BU ID and Birth Certificate**
- **International Students:** Present one document from List A or Present one document from List B and one document from List C. **Example Documents include, but are not limited to:**
- your passport, most recent I-94, and I-20 (F-1 or J-1)

If you have any questions, please email seo@bu.edu.

Please select your supervisor (preferred method) or First Point advisor in the drop down below and bring your required documents when you meet in person with that person.

Location: *

[Click Here](#) to complete your I9 form.

7 Page 1: Input your information in the required fields.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)		* Other Last Names Used (if any)	
* Address (Street Number and Name)		* Apt. Number (if any)	* 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 the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<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 (Enter USCIS or A-Number.) * <input type="text"/> * -- Choose --					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) *					
		If you check Item Number 4., enter one of these:					
		* USCIS A-Number		OR * Form I-94 Admission Number		OR * Foreign Passport Number and Country of Issuance	
* Signature of Employee (click to sign)				* Today's Date (mm/dd/yyyy)			

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employer or their authorized representative must complete and sign Section 2 within three business days after the



Note related to the Social Security Number Field:

International students may not have a social security number. It is acceptable to leave this field blank. You may start working and receive payment. We encourage student without social security numbers to review the information on the [Student Employment Website](#), as this information will be necessary later for tax purposes.

8 Select the appropriate Citizenship Status.

<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
	<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 (Enter USCIS or A-Number.) * <input type="text"/> * -- Choose --			
	<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) ⓘ * <input type="text"/>			
If you check Item Number 4., enter one of these:				
<input type="text"/> USCIS A-Number ⓘ	OR	<input type="text"/> Form I-94 Admission Number ⓘ	OR	<input type="text"/> Foreign Passport Number and Country of Issuance ⓘ

If you are a US Citizen Or Permanent Resident

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Click the "1. A citizen of the United States" field and proceed to the signature field (Step 15)

Or

Click the "3. A lawful permanent resident" field and enter your USCIS or A-Number in the corresponding field, then proceed to the signature field (Step 15)

Employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverify and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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, before accepting a job offer.

Last Name (Family Name) Rogers		First Name (Given Name) Roy		Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name) 123 Apple Tree		Apt. Number (if any)	City or Town Boston	State MA	Zip Code 02215
Date of Birth (mm/dd/yyyy) 01/01/2001	U.S. Social Security Number 123-45-6789		Employee's E-mail Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.)				
	<input checked="" 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 (Enter USCIS or A-Number.) * -- Choose				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) *					
If you check Item Number 4., enter one of these:					
USCIS A-Number <input type="text"/>		OR <input type="text"/>		OR <input type="text"/>	
Form I-94 Admission Number <input type="text"/>		OR <input type="text"/>		OR <input type="text"/>	
Foreign Passport Number and Country of Issuance <input type="text"/>					
Signature of Employee (click to sign)			Today's Date (mm/dd/yyyy)		
<p>If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Form I-9.</p>					
<p>Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days of an employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.</p>					
List A		OR		List B AND List C	

If you are an International Student on a Visa

10 Click the "4. A noncitizen authorized to work until (exp. date, if any)" field.

and receive. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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**, before accepting a job offer.

Last Name (Family Name) Rogers	First Name (Given Name) Roy	Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) 123 Apple Tree	Apt. Number (if any)	City or Town Boston	State MA	Zip Code 02215
Date of Birth (mm/dd/yyyy) 01/01/2001	U.S. Social Security Number 123-45-6789	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 the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

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

3. A lawful permanent resident (Enter USCIS or A-Number.) * -- Choose --

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any) ⓘ * 08202030

If you check **Item Number 4.**, enter one of these:

USCIS A-Number ⓘ	OR	Form I-94 Admission Number ⓘ	OR	Foreign Passport Number and Country of Issuance ⓘ
------------------	----	------------------------------	----	---

Signature of Employee
(click to sign)

Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification on Page 3.](#)

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, a combination of documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

	List A	OR	List B	AND	List C
Document Title 1	-- Choose --		-- Choose --		-- Choose --

11 For the Work Expiration Date, enter the END DATE of your Program (as indicated on the 1st page of your I-20)

First Name (Given Name) Roy	Middle Initial (if any)	Other Last Names Used (if any)	
Apt. Number (if any)	City or Town Boston	State MA	Zip Code 02215
U.S. Social Security Number 123-45-6789	Employee's E-mail Address ⓘ	Employee's Telephone Number ⓘ	

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

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

3. A lawful permanent resident (Enter USCIS or A-Number.) * -- Choose --

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any) ⓘ * 08202030

If you check **Item Number 4.**, enter one of these:

USCIS A-Number ⓘ	OR	Form I-94 Admission Number ⓘ	OR	Foreign Passport Number and Country of Issuance ⓘ
------------------	----	------------------------------	----	---

Today's Date (mm/dd/yyyy)

or assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification on Page 3.](#)

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

	List A	OR	List B	AND	List C
Document Title 1	-- Choose --		-- Choose --		-- Choose --

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After entering the work end date, You may enter your most recent I-94 number if the "Form I-94 Admission Number" field.

NAME (if family name) First Name (Given Name) Middle Initial (if any) Other Last Names Used (if any)
 ers Roy

Address (Street Number and Name) Apt. Number (if any) City or Town State Zip Code
 Apple Tree Boston MA 02215

Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number
 1/2001 123-45-6789

Be aware that federal law imposes penalties for false statements, or the filing of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

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

3. A lawful permanent resident (Enter USCIS or A-Number.) * -- Choose --

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any) ⓘ * 08/20/2030

If you check **Item Number 4.**, enter one of these:

USCIS A-Number ⓘ	OR ⓘ	Form I-94 Admission Number ⓘ	OR ⓘ	Foreign Passport Number and Country of Issuance ⓘ
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Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the field

Employer and/or translator assisted you in completing Section 2. Employer Review and Verification: Employers or their authorized representatives must physically examine, or obtain documentation from List A OR a combination of documentation from List B and C.

Preparer and/or Translator Certification on Page 3. The preparer and/or translator must sign and sign Section 2 within three business days after the procedure authorized by the Secretary of DHS, and provide supporting documentation in the Additional Information box; see instructions.

Document Title 1	List A	OR	List B	AND	List C
Document Title 1	-- Choose --		-- Choose --		-- Choose --
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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Here is an example of the section completed successfully.

Be aware that federal law imposes penalties for false statements, or the filing of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

3. A lawful permanent resident (Enter USCIS or A-Number.) * -- Choose --

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any) ⓘ * 08/20/2030

If you check **Item Number 4.**, enter one of these:

USCIS A-Number ⓘ	OR ⓘ	Form I-94 Admission Number ⓘ	OR ⓘ	Foreign Passport Number and Country of Issuance ⓘ
		12345678901		

Signing and submitting Section 1 of the Form I-9

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Once the employee information and Citizenship status are entered, click the "(click to sign)" field

Address (Street Number and Name) 123 Apple Tree		Apt. Number (if any)	City or Town Boston	State MA	Zip Code 02215
Date of Birth (mm/dd/yyyy) 01/01/2001	U.S. Social Security Number 123-45-6789		Employee's E-mail Address		Employee's Telephone Nu
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructi <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 (Enter USCIS or A-Number.) * -- Choose <input checked="" type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) * 08/				
	If you check Item Number 4. , enter one of these: USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of				
	Signature of Employee (click to sign)				
Today's Date (mm/dd/yyyy)					
<p>If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification or Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; : Instructions.</p>					
	List A	OR	List B	AND	List C
Document Title 1 * -- Choose --	✓ -- Choose --				* -- Choose --
ing Authority					
ent Number (if any)					
piration Date (if any)					
Document Title 2 (if any)	Additional Information				

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Type in your name.

Note: You must enter your name exactly as it is displayed below each field. The Form I-9 is a federal document. As such, the legal name on file with the university will be required to complete this document.

Address (Street Number and Name) 123 Apple Tree		Apt. Number (if any)	City or Town Boston	State MA	Zip Code 02215
Date of Birth (mm/dd/yyyy) 01/01/2001	U.S. Social Security Number 123-45-6789		Employee's E-mail Address		Employee's Telephone Nu
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the fo <input type="checkbox"/> 1. A citizen of t <input type="checkbox"/> 2. A noncitizen <input type="checkbox"/> 3. A lawful per <input checked="" type="checkbox"/> 4. A noncitizen If you check Item N USCIS A-Nu				
	Signature of Employee (click to sign)				
	Today's Date (mm/dd/yyyy)				
<p>If a preparer and/or translator assisted you in comp Section 2. Employer Review and Verification: Employers employee's first day of employment, and must physically ex documentation from List A OR a combination of documenta Instructions.</p>					
	List A	OR	List B	AND	List C
Document Title 1 * -- Choose --	✓ -- Choose --				* -- Choose --
ing Authority					
ent Number (if any)					
piration Date (if any)					
Document Title 2 (if any)	Additional Information				

Sign electronically

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.

Roy

Rogers1

Sign Electronically

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

[Opt out and print](#)

16 Click the "Sign Electronically" button.

Sign electronically

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.

Roy
Roy

Rogers1
Rogers1

Sign Electronically

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

[Opt out and print](#)

17 Once the signature is captured proceed to the bottom of the page and Click "Next"

Expiration Date (if any)		
Document Title 2 (if any)		Additional Information
Issuing Authority		
Document Number (if any)		
Expiration Date (if any)		
Document Title 3 (if any)		
Issuing Authority		
Document Number (if any)		
Expiration Date (if any)		

Check here if you used an alternative procedure authorized by DHS to examine doc

Please attach all necessary documentation below:

[Attach File](#) [Attach File](#) [Attach File](#) [Attach File](#)

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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative *

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name

Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire on Page 4.](#)

Edition 08/01/23

Next

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Page 2: This page provides a list of acceptable documents to bring to your hiring supervisor or First Point Advisor for the completion of Section 2.

Timer Hide
45 minutes

* = required field

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
 * Documents extended by the issuing authority are considered unexpired.
 Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ul style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350,

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After reviewing the list, scroll to the bottom, click "Next," and advance to the next page.

<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	listed above:		For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A Number 4. document, not a List C
	10. School record or report card		
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
 For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, damaged List C document.
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Edition 08/01/23



20 Page 3: Preparer and/or Translator Certification.

If you complete this document **WITHOUT** external assistance or a translator check mark **"I did not use a preparer or translator."**

If external assistance was needed to complete or translate this document, select the second option and provide the required information.



Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

U
Fo
Supp
OMB N:
Expires

Last Name (Family Name) from Section 1. Rogers	First Name (Given Name) from Section 1. Roy	Middle Initial (if any) from
---	--	------------------------------

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. Each preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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) *	Middle Initial (if any)
---------------------------	---------------------------	-------------------------

* Address (Street Number and Name)	* City or Town	State -- Choose --	* Zip Code
------------------------------------	----------------	-----------------------	------------

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.

21 Once the selection is complete, click "Next" to proceed to the last page.

Last Name (Family Name) *	First Name (Given Name) *	Middle Initial (if any)
Address (Street Number and Name)	City or Town	State -- Choose --
		Zip Code

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) *	Middle Initial (if any)
Address (Street Number and Name)	City or Town	State -- Choose --
		Zip Code

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) *	Middle Initial (if any)
Address (Street Number and Name)	City or Town	State -- Choose --
		Zip Code

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22 Page 4: Reverification (To be completed by Student Employment, if necessary)

Scroll to the bottom of this page and click "Submit Form"

Document Title -- Choose --	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 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/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
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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 -- Choose --	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 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/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

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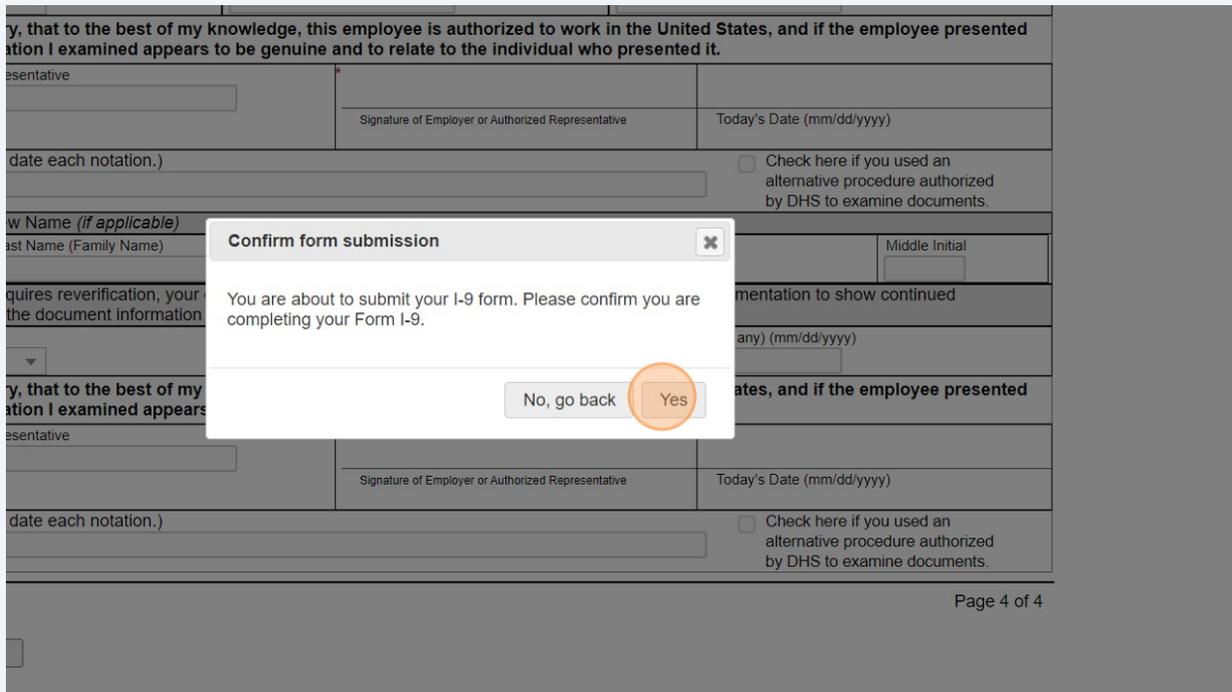
Page 4 of

Previous Submit Form

23

Confirm the submission by clicking "Yes"

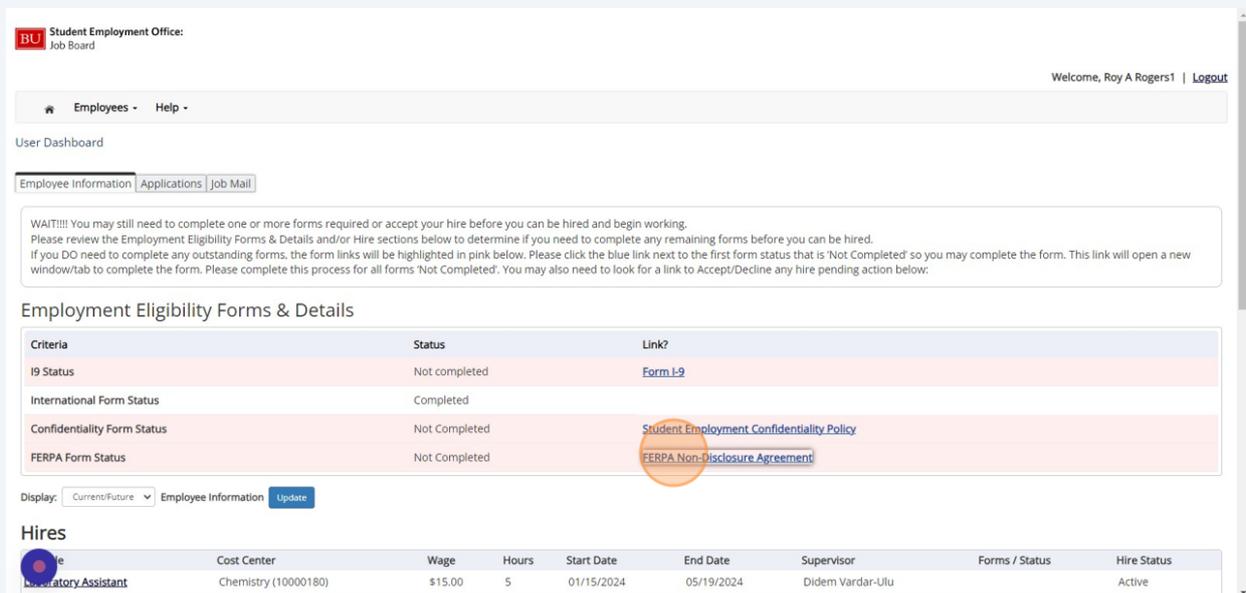
A new confirmation window will display, you may close that window and return to the job dashboard.



Completing the FERPA Non-Disclosure Agreement

24

Click on "FERPA Non-Disclosure Agreement."



25

Read the disclosure agreement and confirm your acknowledgement by click the checkbox.

Family Educational Rights and Privacy Act (FERPA) Non-Disclosure Agreement

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As a student or casual employee of Boston University, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law.

Unless your position specifically requires you, you may not disclose information about a student to anyone. To do so is a violation of federal law. Unauthorized disclosure would result in penalties up to and including the loss of your job and sanctions by the Office of Judicial Services. Even a seemingly minor disclosure of information, such as telling another student of someone's class schedule, is a violation and would result in punitive action.

I have read and understand my employee responsibilities as stated under the Family Educational Rights and Privacy Act Non-Disclosure Agreement.

Student/Casual Employee First Name: Student/Casual Employee Last Name:

*
Student/Casual Employee _____
Date _____

Seogn/Web/WorkStudyForms/FerpaAgreement.doc



26

Then click on the "Click to sign" field. An electronic signature window will appear.

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As a student or casual employee of Boston University, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law.

Unless your position specifically requires you, you may not disclose information about a student to anyone. To do so is a violation of federal law. Unauthorized disclosure would result in penalties up to and including the loss of your job and sanctions by the Office of Judicial Services. Even a seemingly minor disclosure of information, such as telling another student of someone's class schedule, is a violation and would result in punitive action.

I have read and understand my employee responsibilities as stated under the Family Educational Rights and Privacy Act Non-Disclosure Agreement.

Student/Casual Employee First Name: Student/Casual Employee Last Name:

*
Student/Casual Employee _____
Date _____

Seogn/Web/WorkStudyForms/FerpaAgreement.doc



27 Type in your name as it appears.

The screenshot shows a web page with a 'Sign electronically' dialog box overlaid. The dialog box contains the following text:

Sign electronically

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.

Roy

Rogers1

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

[Opt out and print](#)

The background page shows a 'Non-Disclosure Agreement' form with a field for 'Student/Casual Employee Last Name' containing the text 'Rogers1'.

28 Click "Sign Electronically." and close the confirmation message window

The screenshot shows the same web page as above, but with the 'Sign Electronically' dialog box now closed. The form fields are filled with the text 'Roy' and 'Rogers1'. The 'Sign Electronically' button is highlighted with an orange circle. The background page shows the 'Non-Disclosure Agreement' form with a field for 'Student/Casual Employee Last Name' containing the text 'Rogers1'.

29 Once your electronic signature is captured, click "Submit Form"

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As a student or casual employee of Boston University, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law.

Unless your position specifically requires you, you may not disclose information about a student to anyone. To do so is a violation of FERPA. Unauthorized disclosure would result in penalties up to and including the loss of your job and sanctions by the Office of Judicial Services. A seemingly minor disclosure of information, such as telling another student of someone's class schedule, is a violation and would result in punitive action.

I have read and understand my employee responsibilities as stated under the Family Educational Rights and Privacy Act Disclosure Agreement.

Student/Casual Employee First Name: Student/Casual Employee Last Name:

*

Roy Rogers _____ 04/30/2024 _____
Student/Casual Employee Date

Seogn/Web/WorkStudyForms/FerpaAgreement.doc



Completing the Confidentiality Policy form

30

Click the "Student Employment Confidentiality Policy" link

Status	Link?
Not completed	Form I-9
Completed	
Not Completed	Student Employment Confidentiality Policy
Not Completed	FERPA Non-Disclosure Agreement

Wage	Hours	Start Date	End Date	Supervisor

31

Read the disclosure agreement and confirm your acknowledgement by click the checkbox.

STUDENT EMPLOYMENT CONFIDENTIALITY POLICY

As a student employee at Boston University, you play an important role in assisting in the operation of the institution and contributing to the success of your fellow students, faculty, and staff.

All student employees are required to adhere to the confidentiality policies that govern information acquired through their employment. This information may include, but is not limited to, student, faculty and staff personnel, financial or academic records; faculty teaching and research; and, University business information and internal communications, which includes conversations related to office and University operations.

Both you and the office or department for which you work are obligated to protect the confidentiality of this information, and you may not reproduce, disseminate or disclose its contents in any way.

All student employees are required to maintain the confidentiality of all information acquired through their employment. In addition, those student employees whose positions might, at any time, expose them to student records or information will also be required to read and sign the Family Educational Rights and Privacy Act (FERPA) NonDisclosure Agreement and return it to their supervisor.

Student Employment and Boston University expects that all student employees will respect the confidentiality of work-related and student record information and adhere to this policy. Any failure to do so may result in penalties up to and including the loss of your job and sanctions by Judicial Services.

I acknowledge that I have read and understand the above policy regarding confidentiality and I agree to maintain complete confidentiality of the information obtained through my employment.

Student/Casual Employee First Name: Student/Casual Employee Last Name:



Save Progress

Submit Form

32 Click the "Submit Form" button.

All student employees are required to adhere to the confidentiality policies that govern information acquired through their employment information may include, but is not limited to, student, faculty and staff personnel, financial or academic records; faculty teaching and and, University business information and internal communications, which includes conversations related to office and University operations. Both you and the office or department for which you work are obligated to protect the confidentiality of this information, and you may reproduce, disseminate or disclose its contents in any way.

All student employees are required to maintain the confidentiality of all information acquired through their employment. In addition, the student employees whose positions might, at any time, expose them to student records or information will also be required to read an Family Educational Rights and Privacy Act (FERPA) NonDisclosure Agreement and return it to their supervisor.

Student Employment and Boston University expects that all student employees will respect the confidentiality of work-related and student record information and adhere to this policy. Any failure to do so may result in penalties up to and including the loss of your job and services by Judicial Services.

I acknowledge that I have read and understand the above policy regarding confidentiality and I agree to maintain confidentiality of the information obtained through my employment.

Student/Casual Employee First Name: Student/Casual Employee Last Name:



Form submission and status update

33 After successfully submit each required form, you may return to the Job Dashboard to confirm completion.

Once all Employment Eligibility Forms are complete, your hire request can advance to the final stage.

BU Student Employment Office: Job Board

Welcome, Roy A Rogers1 | Logout

Home Employees Help

User Dashboard

Employee Information Applications Job Mail

Criteria	Status
I9 Status	Employee Section Complete, Pending Approval(s)
International Form Status	Completed/NA
Confidentiality Form Status	Completed
FERPA Form Status	Completed



Note: The I-9 Status will not change to "Complete" until you have met with your supervisor or First Point Advisor at Student Employment to complete section 2 of the document.

Employment Eligibility Forms & Details

Criteria	Status
I9 Status	Employee Section Complete, Pending Approval(s)