

Supplement B, **Reverification and Rehire (formerly Section 3)**

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	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

the employee's name in the completing this page. Kee	e fields above. Use a new s	section for each reverifica mployee's Form I-9 record	completed, or provides prod tion or rehire. Review the Fo d. Additional guidance can b	orm I-9	instructions			
Date of Rehire (if applicable)	New Name (if applicable)							
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial		
	ee requires reverification, you prization. Enter the document		present any acceptable List A pelow.	or List	C documentat	ion to show		
Document Title	Document Number (if any)		Expir		iration Date (if any) (mm/dd/yyyy)			
			yee is authorized to work in o be genuine and to relate to					
Name of Employer or Authorize	of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					ou used an edure authorized mine documents.		
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 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) (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 (Initi	al and date each notation.)				Check here if y alternative prod by DHS to exar	ou used an edure authorized nine documents.		
Date of Rehire (if applicable)	New Name (if applicable)							
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial		
	ee requires reverification, you prization. Enter the document		present any acceptable List A pelow.	or List	C documentat	ion to show		
Document Title		Document Number (if any)			Expiration Date (if any) (mm/dd/yyyy)			
			yee is authorized to work in o be genuine and to relate to					
Name of Employer or Authorize	ed Representative	Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					ou used an edure authorized mine documents.		

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