

Document Title

Name of Employer or Authorized Representative

Additional Information (Initial and date each notation.)

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 05/31/2027

Expiration Date (if any) (mm/dd/yyyy)

Today's Date (mm/dd/yyyy)

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

Last Name (Family Name) from Section 1.		First Name (Given Nan	First Name (Given Name) from Section 1.		Middle initial (if any) from Section 1.	
reverification, is rehired wi the employee's name in the completing this page. Kee	thin three years of the date e fields above. Use a new s	the original Form I-9 was ection for each reverifica nployee's Form I-9 record	orm I-9. Only use this page completed, or provides pro tion or rehire. Review the F d. Additional guidance can	of of a legal name orm I-9 instructions	change. Enter	
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	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorize by DHS to examine documents.						
Date of Rehire (if applicable)	icable) New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)		Middle Initial	
	ee requires reverification, you		present any acceptable List A	or List C documenta	ation to show	

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

Document Number (if any)

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Signature of Employer or Authorized Representative