

Last Name (Family Name) from Section 1.

Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security

U.S. Citizenship and Immigration Services

First Name (Given Name) from Section 1.

USCIS Form I-9 Supplement B

OMB No. 1615-0047 Expires 05/31/2027

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 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 Ir		
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)		Expira	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 a alternative procedure aut by DHS to examine documents.						edure authorized	
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)			
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Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy)		
alternat						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	
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)			
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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 use alternative procedure by DHS to examine do						edure authorized	