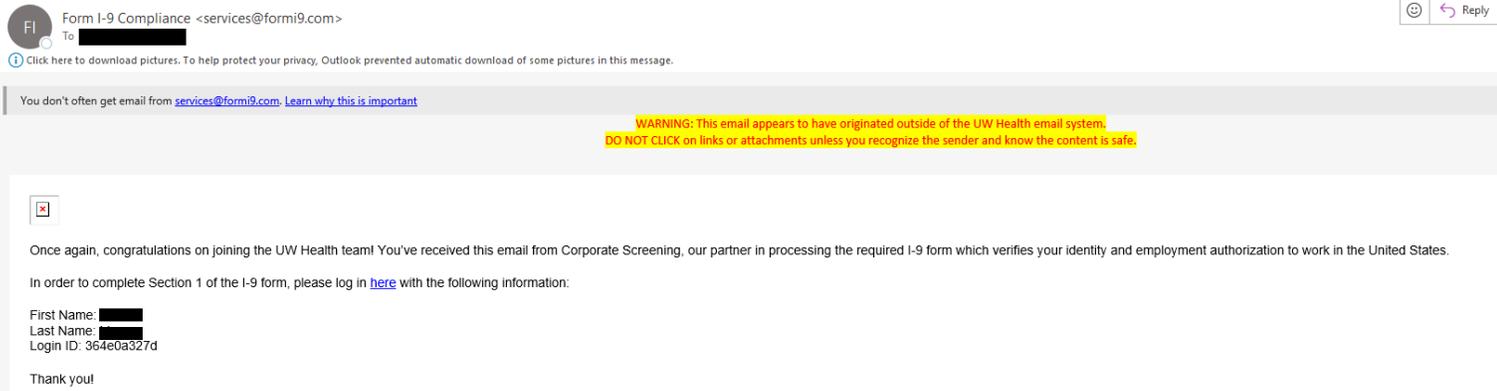




- ❖ Locate the electronic form I-9 invitation email from “Form I-9 Compliance”. Sample of email below.

Electronic Form I-9 Invitation - UW - Hospitals and Clinic Authority (Company ID: UWHospitalsandClinic)



- ❖ Log in by following the instructions from the email.

**eForm I-9 Login**

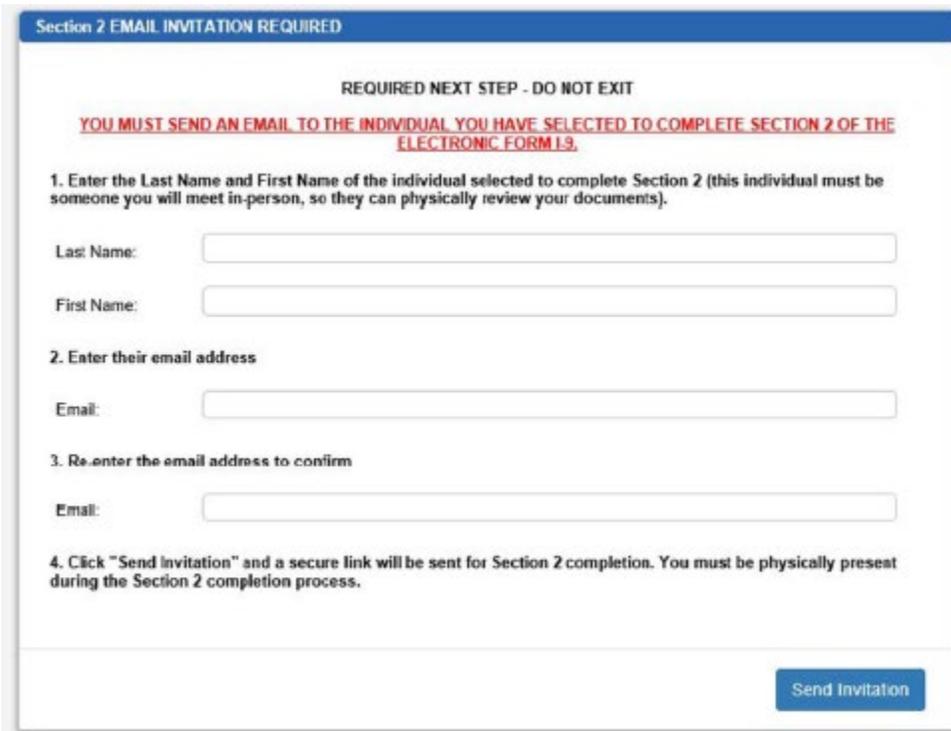
**First Name:**

**Last Name:**

**Login ID:**

- ❖ Click “Log In” to sign in.
- ❖ Complete each step of the electronic form.

- ❖ Complete the “Section 2 EMAIL Invitation” pop-up form.



Section 2 EMAIL INVITATION REQUIRED

REQUIRED NEXT STEP - DO NOT EXIT

**YOU MUST SEND AN EMAIL TO THE INDIVIDUAL YOU HAVE SELECTED TO COMPLETE SECTION 2 OF THE ELECTRONIC FORM I-9.**

1. Enter the Last Name and First Name of the individual selected to complete Section 2 (this individual must be someone you will meet in-person, so they can physically review your documents).

Last Name:

First Name:

2. Enter their email address

Email:

3. Re-enter the email address to confirm

Email:

4. Click “Send Invitation” and a secure link will be sent for Section 2 completion. You must be physically present during the Section 2 completion process.

[Send Invitation](#)

- Step 1: Enter the Friend/Neighbor/Spouse (acting as the auth. rep.) “Last Name” and “First Name” fields.
- Step 2: Enter the Friend/Neighbor/Spouse (acting as the auth. rep.) email address.
- Step 3: Re-enter the Friend/Neighbor/Spouse (acting as the auth. rep) email address.
- Step 4: Click “Send Invitation” to send out the “Section 2 Remote Invitation Email” to the Friend/Neighbor/Spouse (acting as the auth. rep.) Below is a sample of the email they will receive.



Electronic Form I-9 Invitation (Company ID: UWHospitalsandClinic)

**FI** Form I-9 Compliance <services@formi9.com>  
To [REDACTED]

**WARNING: This email appears to have originated outside of the UW Health email system. DO NOT CLICK on links or attachments unless you recognize the sender and know the content is safe.**

Test Test has sent you an invitation to complete Section 2 of the Electronic Form I-9 as the Authorized Representative for **UW - Hospitals and Clinic Authority**.

Please visit [the Form I-9 login page here](#) and log in with the following information:

First Name: test  
Last Name: smith  
Login ID: 60027a59d3

[View USER GUIDE - SECTION 2](#)

- ❖ Friend/Neighbor/Spouse (acting as the auth. rep.) follows the instructions to login and complete Section 2 of the I-9 Form.

NEW HIRE/EMPLOYEE INFORMATION: **List A Document**

OR

**List B and List C Documents**

NEW HIRE/EMPLOYEE INFORMATION: **First day of employment**

AUTH. REP.: Title of Employer or Authorized Representative

AUTH. REP.: Last Name

AUTH. REP.: First Name

NEW HIRE' EMPLOYER DETAIL: Employer's Business or Organization Name

NEW HIRE' EMPLOYER DETAIL: Employer's Business or Organization Address

NEW HIRE' EMPLOYER DETAIL: City or Town

NEW HIRE' EMPLOYER DETAIL: State

NEW HIRE' EMPLOYER DETAIL: Zip Code

**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 "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <small>(Employee Last Name Here)</small>	First Name (Given Name) <small>(Employee First Name Here)</small>	NI I <small>N/A</small>	Citizenship/Immigration Status
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**List A**  
Identify and Employment Authorizations  
Social Rules
OR
**List B**  
Identify  
Social Rules
AND
**List C**  
Employment Authorization  
Social Rules

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Document Title</td><td><input type="text"/></td></tr> <tr><td>Issuing Authority</td><td><input type="text"/></td></tr> <tr><td>Document Number</td><td><input type="text"/></td></tr> <tr><td>Expiration Date (if any)(mm/dd/yyyy)</td><td><input type="text"/></td></tr> </table>	Document Title	<input type="text"/>	Issuing Authority	<input type="text"/>	Document Number	<input type="text"/>	Expiration Date (if any)(mm/dd/yyyy)	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Document Title</td><td><input type="text"/></td></tr> <tr><td>Issuing Authority</td><td><input type="text"/></td></tr> <tr><td>Document Number</td><td><input type="text"/></td></tr> <tr><td>Expiration Date (if any)(mm/dd/yyyy)</td><td><input type="text"/></td></tr> </table>	Document Title	<input type="text"/>	Issuing Authority	<input type="text"/>	Document Number	<input type="text"/>	Expiration Date (if any)(mm/dd/yyyy)	<input type="text"/>
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**Additional Information**

QR Code - Section 2 & 9  
Do Not Write in This Space

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 exceptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
<input type="checkbox"/> Signature Validation		<b>Authorized Representative</b>
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



- ❖ The Friend/Neighbor/Spouse (acting as the auth. rep.) will click “Save”.
  - If there is no error, they will then click “Signature validation” check-box.
  - They will chose the secret question and type in answer.
  - Then click “E-Sign Document” to complete the electronic signature.

**Section 2 Employer Signature - Instant Signature**

To E-Sign: Confirm name is correct, select and answer security question, then click 'E-Sign Document'.

[Make Form I-9 Instructions Available - Click here to Print](#)

First Name:  MI:  Last Name:

What is your mother's name?  YOUR ANSWER HERE

[Hide content](#)

When the 'E-Sign Document' button below is clicked, the person named above acknowledges, agrees and attests that they (1) have reviewed and confirmed that the information in the Section and signature block referenced above is true and correct, (2) are the person named in that Section of the document, (3) freely intend to create and are adopting as their own a legally binding electronic signature on this electronic document that carries the same legal effect and enforceability as their handwritten signature, and (4) understand that they may refuse to sign this

- ❖ A pop-up will appear for the Friend/Neighbor/Spouse (acting as the auth. rep.) to attach copies of your identification documents that you provided them. They should click “YES” and follow the instructions to attach the documents.

**Next Step**

Do you want to **attach** copies of the documents provided by the employee?  
[List A Document OR List B and List C Document]