

Adopting the Cayuga County Mandatory Background Investigation Requirement for Staff with Access to Federal Tax Information (FTI)

BY: Hon. Ryan Foley, Chairman Government Operations

WHEREAS, The Internal Revenue Service (IRS) has issued requirements for employee background investigations to ensure proper safeguarding of federal tax information (FTI). The background investigation requirement applies to all State and local current and prospective employees, contractors, and subcontractors with access to FTI. "Access to FTI" shall include FTI in either written or electronic form and systems storing or using FTI; and

WHEREAS, the Cayuga County Child Support Enforcement Unit (SEU) utilizes systems which contain FTI and therefore fall under said mandate of the IRS; and

WHEREAS, the proposed Mandatory Background Investigation Requirements for Staff with Access to Federal Tax Information has been approved by the New York State Office of Temporary and Disability Assistance (OTDA) for compliance with relevant State and Federal Law; and

WHEREAS, such policy is now necessary to fill positions in the SEU; now therefore be it

RESOLVED, The Cayuga County Legislature does hereby adopt The Cayuga County Mandatory Background Investigation Requirement for Staff with Access to Federal Tax Information (FTI) Policy; and be it further

RESOLVED, that the policy be placed in section number 4, be posted to the County Website, County Portal and distributed by the Clerk of the Legislature to all Department Heads; and it is further

RESOLVED, that this resolution will take effect immediately upon its adoption.

I HEREBY CERTIFY, THAT I HAVE COMPARED THE FOREGOING COPY OF A RESOLUTION DULY PASSED AND ADOPTED BY THE LEGISLATURE OF CAYUGA COUNTY AT A MEETING HELD ON THE 19th DAY OF NOVEMBER 2018 WITH THE ORIGINAL RESOLUTION, AND THAT THE SAME IS A TRUE AND CORRECT COPY AND TRANSCRIPT THEREOF, AND THE WHOLE THEREOF.

11-20-18 - 7:34AM


CLERK, CAYUGA COUNTY LEGISLATURE

Cayuga County
Mandatory Background Investigation Requirement for Staff with
Access to Federal Tax Information (FTI)

SECTION NO. 4

RESOLUTION NO. 428-18

DATE ADOPTED 11/19/18

DATE AMENDED _____

Date: November 19, 2018
To: Cayuga County Department of Social Services Workforce
Subject: Mandatory Background Investigation Requirement for Staff with Access to Federal Tax Information (FTI)

References: IRS Publication 1075
Internal Revenue Code (IRC) § 6103(p)(4)
26 CFR § 301.6103(p)(4)-1
17-ADM-08

Policy No: 2018-4

Policy: It is the policy of the Cayuga County Department of Social Services to comply with all state and federal regulations and laws regarding the protection of confidential records, materials and information. This implementation of this policy will ensure proper safeguarding of federal tax information by instituting employee background investigations for all employees whose job duties and responsibilities involve access to Federal Tax Information (FTI).

Purpose: This policy will document the procedures for determining suitability of prospective employees (as well as current employees transferring from other titles/work units) applying for employment (or reassignment) in positions involving access to FTI.

Background: The IRS issued new directions regarding employee background investigation requirements to ensure proper safeguarding of FTI (IRS Publication 1075 – effective September 30, 2016). These directions require a background investigation for all state and local current and prospective employees, contractors, and subcontractors with access to FTI. Background investigations are also required for all information technology (IT) employees, contractors or subcontractors with access to systems containing FTI. It is the Department's responsibility to ensure that all individuals within the agency, at all locations, including contractors and subcontractors, comply with the requirements detailed in IRS Publication 1075.

I. Definitions:

Federal Tax Information (FTI): FTI includes federal tax returns or return information that is received directly from the IRS, or that is obtained through an authorized secondary source, such as the Federal Office of Child Support Enforcement. Tax returns or return information provided to the Department directly by the taxpayer/representative are NOT considered FTI.

II. Affected Titles: All new hires/reassignments to the following titles/functions must submit to the background investigation requirements outlined in IRS Publication 1075:

- All employees **assigned to the Child Support Unit**, including:
 - Child Support Coordinator
 - Sr. Support Examiner
 - Support Examiner
 - Sr. Account Clerk
 - Account Clerk
 - Typist
- Social Services Attorneys and Contract Attorneys working with Child Support cases
- Information Technology staff

Date: May 8, 2018
To: Cayuga County Department of Social Services Workforce
Subject: Mandatory Background Investigation Requirement for Staff with Access to Federal Tax Information (FTI)

References: IRS Publication 1075
Internal Revenue Code (IRC) § 6103(p)(4)
26 CFR § 301.6103(p)(4)-1
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 - Account Clerk
 - Typist
- Social Services Attorneys and Contract Attorneys working with Child Support cases
- Information Technology staff

III. Procedure for prospective employees, contractors and/or sub-contractors

When prospective employees are being considered for employment within the Child Support Unit as outlined above, the following procedures shall be followed:

Before the interview:

- The Human Resources Associate shall notify the interview candidate of the requirement to submit to a background check upon hire. This background check shall include:
 - Submission to a local law enforcement background check for all localities in which the new employee has resided, worked, or attended school for the past five (5) years prior to employment
 - Submission to FBI fingerprinting
 - Submission of new employee information through the E-Verify system to verify that the employee may be legally hired within the United States.

During the applicant interview: The interview team shall:

- provide the candidate with the background check packet (Attachment 1), and explain the background check process, notifications, and the option to appeal any result that may preclude him/her from employment within the Child Support Unit
- obtain from the applicant and immediately forward to the Human Resources Associate:
 - the applicant's signed release of information, consenting to the back-ground check (Attachment 2)
 - form listing all addresses at which the applicant has resided, worked or attended school during the past five years (Attachment 3)

Upon recommendation to hire & applicant acceptance of offer contingent upon background check: The Human Resources Associate will:

- provide instructions for the applicant to submit to FBI fingerprinting (Attachment 4)
- send a request for background check, including the information about any identifiable arrests, to local law enforcement at all localities where the employee has lived, worked, or attended school in the last five years, as listed by the employee, giving a deadline date of two weeks to return any report; and if any arrests have been identified, contact the law enforcement agency that conducted the arrest for details.

Once reports are received from background checks: The Human Resources Associate will review reports, and:

- if no record of conviction, will notify the Child Support Coordinator and contact the candidate to formally offer the position. Send letter indicating determination of suitability to access FTI.
- If there is a record of conviction, the Deputy Director for Social Services will review and determine suitability for access to FTI. The Deputy Director for Social Services will consider the factors set forth in NYS Correction Law Article 23-a, as listed on Attachment 5, in formulating the determination of suitability. If the candidate is determined unsuitable to access FTI, the Deputy Director for Social Services will notify the Deputy HR administrator, who desire a written statement to the candidate, within 30 days of the request, specifically designating any reason for finding the applicant

unsuitable, and providing instruction re: the process for filing a challenge to/administrative review of the decision.

After hiring:

The Human Resources Associate will:

- at New Employee Orientation, have the new employee complete the USCIS I-9 form (Attachment 6), retaining a copy for the employee's DSS personnel file. This form cannot be completed prior to applicant accepting a job offer.
- **within 3 days of completion of the I-9**, submit the request for verification of eligibility for employment through E-Verify
- **document any employee with expiring employment eligibility and monitor for continued compliance**
- issue a written notification to the employee when e-Verify reports validate the employee's eligibility to legally work in the United States
- Attach a copy of any Final Notice from e-Verify to the subject employee's I-9, close the case and log its completion in the local tracking log
- Notify Deputy Director for Social Services of any Tentative Non-confirmation Notice (TNC) from E-Verify that requires further action by the employee

The Deputy Director for Social Services will:

- review the TNC from E-Verify, then privately discuss the E-Verify "Further Action Notice" (Attachments 7DHS and 7SSA) with the employee. The notice indicates that the information provided by DSS, based on the employee's completed I-9 form, does not match the records of the Department of Homeland Security and/or the Social Security Administration. The employee must indicate whether or not he/she wishes to contest the non-confirmation and sign the notice. A copy of the signed Further Action Notice is given to the employee.
 - If the employee chooses to contest the non-confirmation, the Deputy Director for Social Services also issues a Referral Date Confirmation notice (Attachments 8DHS and 8SSA), which gives the employee instruction re: actions to take **within the next 8 federal business days** to resolve the TNC. The employee's decision to contest is logged on e-Verify, and no further action is taken until a new notice is received from e-Verify.
 - If the employee chooses not to contest the non-confirmation, he/she will be unable to access FTI in their employment role, and as a result, their employment may be lawfully terminated.

IV. Procedure for current employees, contractors, subcontractors

The law currently does not allow for back-ground checks/finger printing for current employees, however, employees will become subject to the requirements listed above when such legislation is enacted.

V. Periodic Reinvestigation

All employees that are required to submit to background checks as detailed above **must resubmit** to the background check within 10 years from the date of the previous background investigation. The Human Resources Associate will retain records and track the dates of all background investigations for employees, contractors and subcontractors, and will schedule reinvestigations within each 10-year timeframe.

VI. Requests for Administrative Review of Determination

Should a candidate wish to contest the determination of their suitability for access to FTI, he/she must submit in writing a request for administrative review of the determination. In the request, he/she should indicate his/her reasons for contesting the decision and contact information. This request is to be submitted to the Director of Community Services at the Department's address.

When a request for administrative review is received by the Director of Community Services' office, all records used in making and documenting the decision will be provided for the Director of Community Services' review. The Director of Community Services' will conduct his/her review and issue a letter to the complainant either upholding or reversing the determination. If the determination is reversed, the complainant will be restored to the list of potential candidates for hire and will not be required to resubmit to the background check to be considered for a new vacancy within the life of the current civil service list.

VII. Records Retention

All records containing background screening information and determination of suitability for access to FTI will be retained in a separate confidential file within Human Resources /Civil Service Department as required by 17-ADM 08 as amended, and labeled as such. These records must be retained for a period of 10 years, or until the subject employee, contractor or subcontractor no longer has access to FTI, whichever is sooner.

The Human Resources/Civil Service Department will maintain a spreadsheet of all employees, contractors and subcontractors for whom a background check was submitted and the final determination. This spreadsheet will remain strictly confidential, maintained in a folder only accessible by the Human Resources /Civil Service Department and the Deputy Director for Social Services.

MEMO

To: Candidates interviewed for hire in the Child Support Enforcement Unit
From: Christine Bianco, Deputy Director for Social Services
Re: Criminal Background Check Requirements for Employees with Access to Federal Tax Information (FTI)

Effective September 30, 2016, the Internal Revenue Service issued a new mandate for employee background investigations to ensure proper safeguarding of FTI as required by Internal Revenue Code (IRC) § 6103(p)(4). FTI includes federal tax returns or return information received directly from the IRS or obtained through an authorized secondary source, such as the Federal Office of Child Support Enforcement. As an agency that receives and possesses FTI, the Cayuga County Department of Social Services has the responsibility to ensure that all locations and individuals within the agency, including consolidated data centers and contractors, comply with the safeguard rules outlined in IRS Publication 1075. The employee background investigation requirement, described in IRS Publication 1075, Section 5.1, applies to all State and local current and prospective employees, contractors, and subcontractors with access to FTI.

Employee background investigations for any applicant whose job duties require access to FTI shall include the following (upon selection as the successful interview candidate):

- FBI Fingerprinting (FD-258) and review of criminal history record information. You will be given instructions on how to schedule your appointment for FBI fingerprinting upon selection as the successful interview candidate.
- Check of local law enforcement agencies where the individual has lived, worked and/or attended school within the last 5 years, and if applicable, the appropriate agency for any identified arrests
- Validation, upon hire, of the individual's eligibility to legally work in the US, using the US Citizenship and Immigration Services (USCIS) Form I-9 and E-Verify online data match with Department of Homeland Security (DHS) and Social Security Administration (SSA) records.

All results of the background check will be kept strictly confidential, and shall only be disclosed to persons authorized by law. You will be issued written notice re: the results of your background check, and the resulting determination of your suitability for access to FTI.

Attachments: Consent for fingerprinting/Criminal Background Check (Attachment 2)
History of Addresses form (Attachment 3)
E-Verify flyer (Attachment 9)

Social Services District Name: Cayuga County Department of Social Services, Child Support Unit District Address: 160 Genesee Street Auburn, New York 13021	Applicant Consent Form for Fingerprinting for Criminal Background Check (CBC)	
Part 1. Applicant Information (Please Print)		
Last Name: Click or tap here to enter text.	First Name: Click or tap here to enter text.	MI: Click or tap here to enter text.
Date of Birth: Click or tap here to enter text.	Social Security Number: Click or tap here to enter text.	
Applicant address: Click or tap here to enter text.	Applicant type: Click or tap here to enter text.	
Social Services District: Cayuga County Department of Social Services, Child Support Unit		
Part 2. Attestation		
<p>1. I have been advised that as part of the application process, the law requires the Social Services District listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Social Services District for which I seek to be employed or be a contractor or subcontractor, to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for employment.</p> <p>2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI.</p> <p>3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.</p> <p>4. I have been advised that I have the right to withdraw my application for employment or to serve as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.</p> <p>5. I have been advised that the results of the criminal history information check forwarded by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.</p> <p>6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.</p> <p>7. I certify to the best of my knowledge that I: (check as appropriate)</p> <p style="padding-left: 40px;">___ have been convicted of a crime in New York State or any other jurisdiction.</p> <p style="padding-left: 40px;">___ have pending arrest charges.</p> <p>If checked, provide details: _____</p>		
Applicant Signature		Date:
Signature Parent/ Guardian if Applicant under 18 years		Date:
Part 3	Social Services District Authorized Person Information	
Name:		Title: Human Resources Associate
Signature:		Email:

Attachment 3

Effective September 30, 2016, the Internal Revenue Service issued a new mandate for employee background investigations to ensure proper safeguarding of FTI as required by Internal Revenue Code (IRC) § 6103(p)(4). As part of the required background check for all State and local current and prospective employees, contractors, and subcontractors with access to FTI, the Department must run a check of local law enforcement agencies where the individual has lived, worked and/or attended school within the last 5 years, and if applicable, the appropriate agency for any identified arrests.

To facilitate the local law enforcement check, please complete the following form indicated all addresses where you have lived, worked and/or attended school within the past 5 years:

Date	Address	Residence, work site, and/or school enrollment
		<input type="checkbox"/> Residence <input type="checkbox"/> Work site <input type="checkbox"/> School
		<input type="checkbox"/> Residence <input type="checkbox"/> Work site <input type="checkbox"/> School
		<input type="checkbox"/> Residence <input type="checkbox"/> Work site <input type="checkbox"/> School
		<input type="checkbox"/> Residence <input type="checkbox"/> Work site <input type="checkbox"/> School
		<input type="checkbox"/> Residence <input type="checkbox"/> Work site <input type="checkbox"/> School

I understand the requirement and consent to the use of the information I have provided above to conduct a check for criminal history with law enforcement agencies in the localities where I have lived, worked or attended school in the past 5 years. I understand that a criminal record does not necessarily disqualify me from employment or from access to FTI. An individualized determination will be made as to how any conviction would impact my suitability to handle FTI.

Signature of Candidate

Date



CAYUGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Raymond Bizzari, Director
Community Services

Christine Bianco, Deputy Director
Social Services

May 10, 2018

Candidate Name
Address
City, State Zip

Re: Federal Bureau of Investigation Fingerprinting

Dear Candidate:

You recently interviewed for a <TITLE> position within the Cayuga County Department of Social Services Child Support Unit. At that time, you were given information about a required background check for all prospective employees whose job duties will include access to Federal Tax Information (FTI). As part of the required background check, you must contact the agency below to schedule your appointment for FBI fingerprinting by <DEADLINE DATE.>

NAME OF AGENCY
ADDRESS
CITY, STATE ZIP
TELEPHONE NUMBER:

Once we receive all reports from your background investigation, we will notify you verbally and in writing regarding the determination of your suitability for access to Federal Tax Information (FTI), and the resulting impact on your potential employment within the Child Support Unit. In the written notice, you will also be given information regarding your option to contest or request an administrative review of the decision, and the appropriate contact information to initiate that request.

If you have questions or concerns about your fingerprinting appointment, please contact _____ at 315-253-XXXX.

Sincerely,

Christine Bianco
Deputy Director for Social Services



CAYUGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Raymond Bizzari, Director
Community Services

Christine Bianco, Deputy Director
Social Services

May 10, 2018

Candidate Name
Address
City, State Zip

Re: Determination of Suitability for Access to FTI

Dear Candidate:

The results of your criminal background check have been reviewed and the following summarizes the findings:

FBI Fingerprinting:
Local Law Enforcement Criminal History check:

After reviewing these reports, I have made the following determination:

- Candidate's background check revealed no criminal history, therefore the **candidate has been determined suitable for access to Federal Tax Information (FTI)**. Candidate is eligible for hire in the Child Support Unit, pending validation of eligibility to legally work in the United States
- Criminal history revealed in the Candidate's background check has been considered and it has been determined that the nature of the offenses reported does not constitute a risk of misuse of confidential information, therefore the **Candidate is suitable for access to FTI**. Candidate is eligible for hire in the Child Support Unit, pending validation of eligibility to legally work in the United States
- Criminal history revealed in the Candidate's background check has been considered and it has been determined that the nature of the offenses reported constitutes a risk of misuse of confidential information. **The Candidate has been determined unsuitable for access to FTI**, therefore is not eligible for hire in the Child Support Unit.

The following factors were considered in making this determination:

<input type="checkbox"/>	The public policy of NY, as expressed in Correction Law Article 23-a, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
<input type="checkbox"/>	The specific job duties and responsibilities necessarily related to the access to FTI by the candidate
<input type="checkbox"/>	The bearing, if any, the criminal offense(s) for which the candidate was previously convicted will have on his/her fitness and trustworthiness to access and safeguard confidential information, including FTI, and the potential risk of misuse of such information.
<input type="checkbox"/>	The time that has elapsed since the occurrence of the criminal offense(s)
<input type="checkbox"/>	The age of the candidate at the time of occurrence of the criminal offense(s)
<input type="checkbox"/>	The seriousness of the offense(s)
<input type="checkbox"/>	Any information produced by the candidate, or produced on his/her behalf, in regard to rehabilitation and good conduct
<input type="checkbox"/>	The legitimate interest of the district in safeguarding confidential information, including FTI.
Comments:	

If you disagree with the determination indicated above, you may contest the determination by requesting in writing an administrative review, and redetermination. Please send your request in writing, indicating your reasons for disagreeing with the determination to:

Mr. Ray Bizzari
 Director of Community Services
 Cayuga County Department of Social Services
 160 Genesee Street
 Auburn, New York 13021

Please also include your contact information and the best time to reach you.

If you have any questions, please contact [REDACTED], at (315) 253-XXXX.

Sincerely,

Christine Bianco
 Deputy Director for Social Services



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	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 use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<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 (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space
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Signature of Employee	Today's Date (mm/dd/yyyy)
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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)	
Address (Street Number and Name)		City or Town	State ZIP Code



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019



Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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 exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
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

A. Social Security Number			B. Date of Birth (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes current employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<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 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol 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, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Further Action Notice

U.S Department of Homeland Security Tentative Nonconfirmation (DHS TNC)

Employee's Last Name, First Name	Last Four Digits of Employee's Social Security Number
Employee's A-Number	Employee's Document Number
Date of DHS Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	

EMPLOYER INSTRUCTIONS:

- Review this Further Action Notice in private with the employee as soon as possible.
IMPORTANT: If the employee does not speak English as his or her primary language or has a limited ability to read or understand the English language, also provide the employee with a translated version of this Further Action Notice. Translated versions are available in the 'View Essential Resources' section of E-Verify. If the employee cannot read this document for some other reason, provide the information in an alternative format.
- Check that all of the information at the top of this Further Action Notice is correct. If this information is incorrect, close this case in E-Verify and create a new case with the correct information.
- Ask the employee to indicate whether he or she will contest the DHS Tentative Nonconfirmation (DHS TNC) by signing and dating Page 2 of this Further Action Notice, and then sign and date below as the employer.
- Give the employee a copy of the signed Further Action Notice in English (and a translated version, if appropriate) and attach the original to the employee's Form I-9.
- Log in to E-Verify and search for this case using the information above. Follow the instructions in E-Verify to refer the case to DHS if the employee contests the TNC, or close the case if the employee does not contest the DHS TNC. If the employee chooses not to contest the DHS TNC, you may terminate his or her employment and close the case in E-Verify.
IMPORTANT: If the employee contests the DHS TNC, refer the case to DHS, print the Referral Date Confirmation from E-Verify, provide it to the employee, and instruct the employee to contact DHS within 8 Federal Government working days as specified in the Referral Date Confirmation.

For Photo Mismatch ONLY

Complete this Further Action Notice and send a copy of it with a copy of the employee's photo document to DHS. Either attach and submit a digital copy of the photo document in E-Verify or send a paper copy to DHS via an express shipping carrier of your choice. Do NOT send the copies through regular United States Postal Service mail.

U.S. Department of Homeland Security- USCIS 10 Fountain Plaza, 3rd Floor Buffalo, NY 14202 Attn: Status Verification Office - Photo Matching	Attach and Submit Electronically Make a digital copy of the employee's photo document (e.g. with a scanner or a camera) and save it to your computer. Then attach and submit the copy in E-Verify.
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Employer Signature and Date

I have notified this employee of the DHS Tentative Nonconfirmation and provided the employee with a copy of this Further Action Notice.	
Employer's Name	Employer Representative's Name
Date	Employer Representative's Signature



EMPLOYEE INSTRUCTIONS:

Why you received this Further Action Notice

Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of DHS Tentative Nonconfirmation (DHS TNC). A DHS TNC means that the information entered into E-Verify by your employer does not match records available to DHS. A DHS TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the [For Employees](http://www.dhs.gov/E-Verify) pages at www.dhs.gov/E-Verify to learn the reasons you may have received a DHS TNC.

What you should do:

1. Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide the correct information to your employer. Your employer should close this E-Verify case and use the corrected information to create a new case.
2. Decide if you will contest (take action to resolve) the DHS TNC and inform your employer of your decision.
IMPORTANT: If you decide not to contest the DHS TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
3. Select your decision to contest or not contest and sign and date this Further Action Notice below. If you decide to take action to contest the DHS TNC, to begin to resolve the DHS TNC, you must contact DHS within 8 Federal Government working days from the date your employer refers your case in E-Verify.
IMPORTANT: Review Page 3 of this notice for important information about employer responsibilities and your rights.

Select box, sign and date below:

I choose to: (check one)	
<input type="checkbox"/>	CONTEST (take action to resolve the DHS TNC)
<input type="checkbox"/>	NOT CONTEST (not take action to resolve the DHS TNC)
Employer's Signature	Date

What you must do to take action to resolve the DHS TNC:

1. Call DHS at 888-897-7781 (TTY: 887-875-8028) within 8 Federal Government working days from the date your employer refers your case to DHS to begin to resolve your case. Your employer must give you a Referral Date Confirmation, which will tell you the date by which you must contact DHS.
Foreign Students and Exchange Visitors Only: DHS cannot resolve this case if your Student Exchange Visitor Information System (SEVIS) record is incorrect. Before you call DHS, try to contact your Designated School Official or Responsible Officer and ensure your SEVIS record is correct.
2. Have this Further Action Notice when you call DHS. DHS may ask you to provide additional information or documents to resolve your case. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter.

NOTE: Since you received a DHS TNC from E-Verify, your immigration records could be incorrect. Correcting your immigration records can prevent DHS TNCs. Once you successfully resolve a DHS TNC, you may wish to take additional action to correct your immigration records. You may review the fact sheet "How to Correct Your USCIS Records after Resolving a Tentative Nonconfirmation in E-Verify," found at <http://www.uscis.gov/e-verify/employees/how-correct-your-immigration-records>. This fact sheet provides information on several options to correct your DHS record.

To check the status of your case visit myE-Verify at <https://selfcheck.uscis.gov/SelfCheckUICaseTracker>.



KNOW YOUR RIGHTS

This page provides important information about employer responsibilities and your rights.

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 8 Federal Government working days to visit an SSA field office or contact DHS to contest the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status, or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status, or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work' posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at www.dhs.gov/E-Verify.

Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov.

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7888 (TTY: 800-237-2516). Language interpretation is available to all callers. For more information, visit OSC's website at www.justice.gov/crt/about/osc.

Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit ftc.gov/idtheft.



**Further Action Notice
Social Security Administration Tentative Nonconfirmation (SSA TNC)**

<i>For SSA Field Office Staff: use EV-STAR and see POMS RM 10245.005ff</i>	
Employee's Last Name	Employee's First Name
Employee's Social Security Number	Employee's Month/Year of Birth
Date of SSA Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	

EMPLOYER INSTRUCTIONS:

- Review this Further Action Notice in private with the employee as soon as possible.
IMPORTANT: If the employee does not speak English as his or her primary language or has a limited ability to read or understand the English language, also provide the employee with a translated version of this Further Action Notice. Translated versions are available in the 'View Essential Resources' section of E-Verify. If the employee cannot read this document for some other reason, provide the information in an alternative format.
- Check that all of the information at the top of this Further Action Notice is correct. If this information is incorrect, close this case in E-Verify and create a new case with the correct information.
- Ask the employee to indicate whether he or she will contest the SSA Tentative Nonconfirmation (SSA TNC) by signing and dating Page 2 of this Further Action Notice, and then sign and date below as the employer.
- Give the employee a copy of the signed Further Action Notice in English (and a translated version, if appropriate) and attach the original to the employee's Form I-9.
- Log in to E-Verify and search for this case using the information above. Follow the instructions in E-Verify to refer the case to SSA if the employee contests the TNC, or close the case if the employee does not contest the SSA TNC. If the employee chooses not to contest the SSA TNC, you may terminate his or her employment and close the case in E-Verify.
IMPORTANT: If the employee contests the SSA TNC, refer the case to SSA, print the Referral Date Confirmation from E-Verify, provide it to the employee, and instruct the employee to visit SSA within 8 Federal Government working days as specified in the Referral Date Confirmation.

Employer Signature and Date

I have notified this employee of the SSA Tentative Nonconfirmation and provided the employee with a copy of this Further Action Notice.	
Employer's Name	Employer Representative's Name
Date	Employer Representative's Signature



EMPLOYEE INSTRUCTIONS:

Why you received this Further Action Notice

Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of SSA Tentative Nonconfirmation (SSA TNC). An SSA TNC means that the information entered into E-Verify by your employer does not match SSA records. An SSA TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the For Employees pages at www.dhs.gov/E-Verify to learn the reasons you may have received an SSA TNC.

What you should do:

1. Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide the correct information to your employer. Your employer should close this E-Verify case and use the corrected information to create a new case.
2. Decide if you will contest (take action to resolve) the SSA TNC and inform your employer of your decision.
IMPORTANT: If you decide not to contest the SSA TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
3. Select your decision to contest or not contest and sign and date this Further Action Notice below. If you decide to take action to contest the SSA TNC, to begin to resolve the SSA TNC, you must visit an SSA field office within 8 Federal Government working days from the date your employer refers your case in E-Verify.
IMPORTANT: Review Page 3 of this notice for important information about employer responsibilities and your rights.

Select box, sign and date below:

I choose to: (check one)	
<input type="checkbox"/>	CONTEST (take action to resolve the SSA TNC)
<input type="checkbox"/>	NOT CONTEST (not take action to resolve the SSA TNC)
Employer's Signature	Date

What you must do to take action to resolve the SSA TNC:

1. Visit an SSA field office within 8 Federal Government working days from the date your employer refers your case to SSA to begin to resolve your case. Your employer must give you a Referral Date Confirmation, which will tell you the date by which you must visit SSA.
To locate an SSA field office, visit www.socialsecurity.gov/locator or call SSA at 800-772-1213 (TTY: 800-325-0778). If you live in an area where there is a Social Security Card Center, you are required to visit the Card Center.
2. Bring this Further Action Notice when you visit the SSA field office. Tell SSA that you are there because of an E-Verify issue.
3. Bring the following original documents to the SSA field office, if you have them. SSA may require:
 - Proof of your age; for example, a birth certificate or passport
 - Proof of your identity; for example, a driver's license or passport
 - Proof of a legal name change; for example, a marriage certificate, if your current name is not displayed on your current Social Security number card.
 - Proof of U.S. citizenship or your work-authorized status:
 - If you are a U.S. citizen, for example, a Naturalization Certificate, U.S. public birth certificate, or U.S. passport, or



- If you are not a U.S. citizen, for example, a Permanent Resident Card (Form I-551 or "green card"), Employment Authorization Document (Form I-766), or Arrival-Departure Record (Form I-94) showing work-authorized status.

To check the status of your case visit myE-Verify at <https://selfcheck.uscis.gov/SelfCheckUICaseTracker>.

KNOW YOUR RIGHTS

This page provides important information about employer responsibilities and your rights.

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 9 Federal Government working days to visit an SSA field office or contact DHS to contest the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work' posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at www.dhs.gov/E-Verify.

To contact SSA, call 800-772-1213 (TTY: 800-325-0778) or visit SSA's website at www.socialsecurity.gov.

Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov.

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7688 (TTY: 800-237-2515). Language interpretation is available to all callers. For more information, visit OSC's website at www.justice.gov/crt/about/osc.

Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit ftc.gov/idtheft.



Referral Date Confirmation

U.S Department of Homeland Security Tentative Nonconfirmation (DHS TNC)

E-Verify Case Verification Number: [REDACTED]

Employee Name: [REDACTED]

Your employer referred your E-Verify case to DHS after you decided to contest (take action to resolve) a DHS Tentative Nonconfirmation (DHS TNC). This document confirms that your case was referred to DHS.

What you should do

Call DHS within 8 Federal Government working days, by [REDACTED] (MM/DD/YYYY), to begin to resolve the DHS TNC. If you have not received the DHS TNC Further Action Notice from your employer, contact your employer immediately to obtain this notice.

The DHS TNC Further Action Notice includes information about your E-Verify case and which documents you need when you contact DHS. You must have the DHS TNC Further Action Notice when you contact DHS.

If you do not take action within 8 Federal Government working days, by [REDACTED] (MM/DD/YYYY), a Final Nonconfirmation will be issued and your employer may terminate your employment. Employers must allow you to contest a DHS TNC and may not take adverse action against you because of the DHS TNC while you are contesting the DHS TNC and your E-Verify case is pending.

For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at www.dhs.gov/E-Verify.



Referral Date Confirmation Social Security Administration Tentative Nonconfirmation (SSA TNC)

E-Verify Case Verification Number: [REDACTED]

Employee Name: [REDACTED]

Your employer referred your E-Verify case to SSA after you decided to contest (take action to resolve) an SSA Tentative Nonconfirmation (SSA TNC). This document confirms that your case was referred to SSA.

What you should do

Visit an SSA field office **within 8 Federal Government working days**, by [REDACTED] (MM/DD/YYYY), to begin to resolve the SSA TNC. If you have not received the SSA TNC Further Action Notice from your employer, contact your employer immediately to obtain this notice.

The SSA TNC Further Action Notice includes information about your E-Verify case and which documents you need when you visit SSA. You must have the SSA TNC Further Action Notice when you visit SSA.

If you do not take action **within 8 Federal Government working days**, by [REDACTED] (MM/DD/YYYY), a Final Nonconfirmation will be issued and your employer may terminate your employment. Employers must allow you to contest an SSA TNC and may not take adverse action against you because of the SSA TNC while you are contesting the SSA TNC and your E-Verify case is pending.

For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at www.dhs.gov/E-Verify.

**This Organization
Participates in E-Verify**

**Esta Organización
Participa en E-Verify**



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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