Finalizing I-9 Forms for New Hires

Last Modified on 10/18/2021 10:54 am EDT

A component to cannabis HR best practice is proper I-9 implementation and management. The most common mistake we see is that I-9s are not completed in a timely manner. This often begins when companies are still small, but quickly evolves into bad habits that can cause significant risk to a scaling operation in cannabis. Completing these forms (both the employee and employer portions) ensures your company compliance with government requirements.

If you are an administrator, follow the steps below to train your managers on how to properly complete the employer portion of the I-9, and stress the importance of the 3-day rule.

The "3 Day" Rule

New hires can complete their portion of the I-9 as soon as you have extended a job offer and they have accepted it, and no later than his or her first day of employment. Employers must complete their portion of the I-9 within 3 business days of the date of hire of their new employee (the hire date is the first day they perform work for pay) - hence the 3-day rule.

See our cannabis 30/60/90 day onboarding plan templates here.

Follow the steps below to prepare new hires to complete this required document on day one.

START HERE

1. Send your employee a list of acceptable documents that they can bring in on their first day to satisfy I-9 requirements (also listed on the last page of the I9 Form).

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
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	LIST A Documents that Establish Both Identity and Employment Authorization	DR	LIST B Documents that Establish Identity At	٩D	LIST C Documents that Establish Employment Authorization
1. 2. 3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a	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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH
	temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa	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 		INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)			2.	Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5.	 5. For a nonimilgrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: The same name as the passport; and An endorsement of the alien's nonimnigrant 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. 	3	 School ID card with a photograph Voter's registration card 	3.	Original or certified copy of birth certificate issued by a State,
		5	U.S. Military card or draft record		county, municipal authority, or territory of the United States bearing an official seal
		7	Willitary dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	Native American tribal document
		8	 Native American tribal document Driver's license issued by a Canadian government authority 	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
			For persons under age 18 who are unable to present a document listed above:		Employment authorization document issued by the Department of Homeland Security
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	1	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		

2. Assign an Onboarding Checklist to the new hire, which includes the 19 form. Once the employee completes his or her portion, *you can proceed to the next step*.

3. From the main menu in Wurk, search for *I9* (or navigate to Team>HR>Forms>Government Forms>I9s).



If you do not see this option, then there are none pending completion. Remind the employee to complete

the form and submit it.

4. Click the edit 🖉 icon next to the 19 you wish to complete.

5. Review the employee portion.

If information is missing or incorrect, click **REJECT 19** (which will prompt the employee to create a new form and submit it).

Otherwise, proceed to the next step.

6. Scroll down to the third page and complete the employer portion (blue shaded fields) using information from the employee's documents (such as passport, driver's license, ID card, social security card). Then click **SAVE AND VERIFY.** The system will validate the information you entered electronically.

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Form I-9 07/17/17 N			P	gn 2 of 4
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(NRA)	Employment Eligibility	y Verification	US	m I-9
	U.S. Citizenship and Immig	gration Services	OMB No Expires	1615-0047 06/31/2019
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(Employers or their authorized represent	ntative must complete and sign Section	2 within 3 business days of 8	n re employee's first day of emplo	yment. You
of Acceptable Documents.")	t trom List A OH a combination of one o	document from List B and one	document from List C as isted o	on no Les
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Last Name of Employer or Authorized Rep	resentative First Name of Employer or A	uthorized Representative I Em	ployer's Business or Organizatio mo and Documentation	n Name 🛈
Employer's Business or Organization A	Iddress (Street Number and Name)	City or Town ()	State ZIP Code	
2162 Market St		Denver	CO ~ 80205	
Section 3. Reverification and	d Rehires (To be completed and	signed by employer or auti	norized representative.)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial Date	(mm/dd/www/@	
C. If the employee's previous grant of e continuing employment authorization in	imployment authorization has expired, j the space provided below.	provide the information for the	document or receipt that establi	shes
Document Title 🛈	Documen	nt Number®	Expiration Date /if any) (mm	ndd)yyyy)©
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7. Confirm your e-signature by entering your password on the popup that appears, then click I AGREE.

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