



Web I-9™

Web I-9

Reduces risk and administrative burden in the Form I-9 process

Ensuring Forms I-9 compliance is one of the most critical HR compliance challenges organizations face today. Immigration and Customs Enforcement (ICE) inspections of Forms I-9 are occurring in record numbers. Beyond just the fines levied by the US Government, companies today fear the social and political impact of non-compliance of unintentionally employing illegal or undocumented laborers.

Web I-9 has been created to run within SAP to eliminate these risks and challenges while ensuring 100% Form I-9 compliance. Web I-9 streamlines process and saves money by ensuring accurate and consistent completion of the Form I-9 with real time data entry validation and eliminating the risks of retaining paper Forms I-9s across all of your company's sites.

Features:

- ▶ No customer ABAP development required to deploy Web I-9s
- ▶ Adobe Flex screens available for SAP NetWeaver 701 (ECC 6.0 EhP1)
- ▶ Integrated into SAP HR to update Infotype 0094
- ▶ Fully compliant with Electronic Code of Federal Regulations, 8 CFR 274a.2
- ▶ All data stored in-house inside SAP

Because Web I-9 resides within SAP, it provides seamless integration, complete searching, and robust process auditing capabilities. Web I-9 enables you to search for forms that have not been completed, need to be re-verified, or have passed their retention period and can be destroyed. Further, because Web I-9 is developed on the core SAP platform, it leverages existing SAP Security to control access to employee data.



Web I-9™

Employee Completes Section 1 of the Web I-9

AspireHR --- Form I9 Employment Eligibility Verification

1 Information 2 Instructions 3 **Data Entry** 4 Confirmation 5 Print

Data Attachments Instructions

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Name Last: _____ First: _____ Middle Initial: _____ Maiden Name: _____
 Address: _____ Apt# _____ Date of Birth: _____
 City: _____ State: [Select] Zipcode: _____ Social Security 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.

A citizen of the United States of America
 A noncitizen national of the United States (see instructions)
 A lawful permanent resident (alien #) _____
 An alien authorized to work (Alien # or Admission #) _____
 Expiry Date: _____

I declare that all information entered is correct. Current Date: _____

Name: _____
 Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)
 I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.
 Preparer: _____ Preparation Date: _____
 Preparer's Address: _____

HR Administrator Completes Section 2 of the Web I-9

AspireHR --- Form I9 Employment Eligibility Verification

1 Information 2 **Data Entry** 3 Confirmation 4 Print

Data Attachments Instructions

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Name Last: Colelet First: Brian Middle Initial: _____ Maiden Name: _____
 Address: 2701 N Dallas Parkway Apt# 420 Date of Birth: _____
 City: Dallas State: [Select] Zipcode: 75093 Social Security 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.

A citizen of the United States of America
 A noncitizen national of the United States (see instructions)
 A lawful permanent resident (alien #) _____

Section 2. Employee Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this title, number, and expiration date, if any, of the document(s)).

<input checked="" type="checkbox"/> Declared	Document Title: [Select]	Document Title: [Select]	Document Title: [Select]
Name: Brian	Issuing Authority: [Select]	Issuing Authority: [Select]	Issuing Authority: [Select]
Preparer and/or Translator: [Select]	Document#: [Select]	Document#: [Select]	Document#: [Select]
Preparer's Address: [Select]	Expiry Date: [Select]	Expiry Date: [Select]	Document Expiry: [Select]
	Expiry Date: [Select]	Expiry Date: [Select]	Document Expiry: [Select]

Certification
 I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee, and that the employee began employment on (month/year) ____/____/____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)
 Business or Organization Name and Address (Street Name and Number, City, State, Zip Code): _____ Date (month/year): ____/____/____

Reporting and Audit Log

Administration

Report Administration

Select Report

Report: [Audit Report] Variant: [Select a variant]

Refresh Selection: [Select] Save as Variant: [Select] Delete Variant: [Select]

Selection Criteria: [Audit Report]

Reference no.: [] To: []
 Personnel no.: [] To: []
 Action: [] To: []
 Status: [] To: []
 Date: [] To: []
 Time: [] To: []
 User name: [] To: []

Report Output

View: [Compact View] [Export]

ID	Reference No.	Action
010	DF1648CF2686PFF19633000C29F6569	W
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R
010	DF166C1070D5FAF19633000C29F6569	R

Department of Homeland Security (Only for I-9, I-9-A, I-9-E, I-9-EA, I-9-EA-1, I-9-EA-2, I-9-EA-3, I-9-EA-4, I-9-EA-5, I-9-EA-6, I-9-EA-7, I-9-EA-8, I-9-EA-9, I-9-EA-10, I-9-EA-11, I-9-EA-12, I-9-EA-13, I-9-EA-14, I-9-EA-15, I-9-EA-16, I-9-EA-17, I-9-EA-18, I-9-EA-19, I-9-EA-20, I-9-EA-21, I-9-EA-22, I-9-EA-23, I-9-EA-24, I-9-EA-25, I-9-EA-26, I-9-EA-27, I-9-EA-28, I-9-EA-29, I-9-EA-30, I-9-EA-31, I-9-EA-32, I-9-EA-33, I-9-EA-34, I-9-EA-35, I-9-EA-36, I-9-EA-37, I-9-EA-38, I-9-EA-39, I-9-EA-40, I-9-EA-41, I-9-EA-42, I-9-EA-43, I-9-EA-44, I-9-EA-45, I-9-EA-46, I-9-EA-47, I-9-EA-48, I-9-EA-49, I-9-EA-50, I-9-EA-51, I-9-EA-52, I-9-EA-53, I-9-EA-54, I-9-EA-55, I-9-EA-56, I-9-EA-57, I-9-EA-58, I-9-EA-59, I-9-EA-60, I-9-EA-61, I-9-EA-62, I-9-EA-63, I-9-EA-64, I-9-EA-65, I-9-EA-66, I-9-EA-67, I-9-EA-68, I-9-EA-69, I-9-EA-70, I-9-EA-71, I-9-EA-72, I-9-EA-73, I-9-EA-74, I-9-EA-75, I-9-EA-76, I-9-EA-77, I-9-EA-78, I-9-EA-79, I-9-EA-80, I-9-EA-81, I-9-EA-82, I-9-EA-83, I-9-EA-84, I-9-EA-85, I-9-EA-86, I-9-EA-87, I-9-EA-88, I-9-EA-89, I-9-EA-90, I-9-EA-91, I-9-EA-92, I-9-EA-93, I-9-EA-94, I-9-EA-95, I-9-EA-96, I-9-EA-97, I-9-EA-98, I-9-EA-99, I-9-EA-100)

Form I-9, Employment Eligibility Verification

ANY DISCRIMINATION NOTICE: It is illegal to discriminate against any authorized individual. Employers CANNOT discriminate against any individual who is authorized to work in the United States. No employer may discriminate based on race, ethnicity, or national origin in connection with the completion of this form.

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.

Section 2. Employee Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this title, number, and expiration date, if any, of the document(s)).

Certification
 I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee, and that the employee began employment on (month/year) ____/____/____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)
 Business or Organization Name and Address (Street Name and Number, City, State, Zip Code): _____ Date (month/year): ____/____/____