

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

I-9 IMMIGRATION DOCUMENTATION

Must print in Black of	or Blue ink ONLY			
Employee ID	Last Nar	ne, First Name	Department	
	hire, County employe Control Act of 1986.	es must meet the documen	tation requirements of the	: Immigration
You have pre	sented the departmen	t with:		
☐ An Inter	im Driver License or I	dentification Card		
☐ A receip	ot showing application	for a duplicate Social Secu	rity Card	
Other:				
You must su terminated.	pply the original doc	ument(s) to your departme	ent payroll clerk by	or be
You must cal date of hire.	l i	f you do not receive the abo	ove document(s) within \$	00 days from
Your prompt a	attention to this matter	is needed.		
Payroll Sp	ecialist Name (Print)	Department	Telephone	Date
			L	

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original – Employee

Copy – Department File Copy – EMACS HR 0030

Rev. 02/2024