

**ELECTRONIC FORM I-9 COMPLETION PROCESS
REMOTE TTEC EMPLOYEE & "AUTHORIZED REPRESENTATIVE"
INSTRUCTIONS & FAX COVER SHEET**

TTEC may designate someone to complete **SECTION 2** of the Form I-9; such as a personnel officer, foreman, agent, or anyone else acting on their behalf, as an Authorized Representative.

The designated "**Authorized Representative**" of **TTEC** who views an employee's employment authorization documents **MUST** also complete and electronically sign **SECTION 2** of the Form I-9.

If at any time you receive a pop up that instructs you to "print the form for signatures" please disregard and close the box. All signature verifications are to be done electronically.

THE TTEC EMPLOYEE CANNOT BE THE AUTHORIZED REPRESENTATIVE

TTEC is requesting that you to act as their "**Authorized Representative**" and electronically complete **Section 2** of the Form I-9 for this employee.

As our "**Authorized Representative**" you will be acting on the behalf of TTEC and confirm that:

1. You have examined the document(s) presented by the employee named in **SECTION 1** of the Form I-9
2. The document(s) appear to be genuine and relate the employee named in **SECTION 1** of the Form I-9
3. The employee began employment on the date specified in **SECTION 2** of the Form I-9
4. To the best of your knowledge the employee is authorized to work in the United States.

The process is simple, quick, and easy to follow. The employee has received a secure login from **TTEC** to complete the electronic Form I-9 (eForm I-9).

1. The **EMPLOYEE** will access the eForm I-9 and complete **SECTION 1**.
2. Upon completion of **SECTION 1**, you will immediately complete **SECTION 2** of the eForm I-9.

YOU MUST FOLLOW THE & STEP INSTRUCTIONS BELOW TO COMPLETE THE PROCESS

STEP 1

TTEC EMPLOYEE COMPLETES SECTION 1

- Click on the **link** provided in the email you received to access the eForm I-9
- Enter your secure login information contained within the email (1) First Name (2) Last Name and (3) Login ID
- Complete **Section 1** of the eForm I-9 by entering the following information:

1. Last name (*PRE-POPULATED*)
2. First name (*PRE-POPULATED*)
3. Middle Initial (*if any*)
4. Maiden/other last names used (*if any*)
5. Physical Address (*NOTE: A PO BOX IS NOT ACCEPTABLE*)
 - a. Street Name and Number
 - b. Apartment Number (*if any*)
 - c. City
 - d. State (*DROP DOWN MENU*)
 - e. Zip Code
6. Date of Birth
7. Social Security Number
 - a. If no SSN has been issued, check "SSN Applied for" box

NOTE: Email address and phone number are optional/not required

Click "Next" to continue

Citizenship Status

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):

A citizen of the United States

A noncitizen national of the United States (See instructions)

A lawful permanent resident
(Alien Registration Number/USCIS Number)

An alien authorized to work until
(Expiration date, if applicable, mm/dd/yyyy)

Some aliens may write "N/A" in this field.

N/A - Not Applicable

D/S - Duration of Status

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:

Employee Information

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
[Click here to view Instructions](#)
[Click here to view List of Acceptable Documents](#)

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.

Check box to show the Preparer / Translator section

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: - Select State -

Zip:

Date of Birth: mm/dd/yyyy

U.S. Social Security Number:

SSN Applied For

Email: (Optional) Employee's E-mail Address

Telephone Number: (Optional) Employee's Telephone Number

8. Citizenship Status – select one of the following
 - A citizen of the United States
 - A noncitizen national of the United States
 - A lawful permanent resident
 - Alien number is required
 - An alien authorized to work until
 - Alien number is required OR Admission (I-94) number is required AND
 - Expiration Date is required (MUST BE UNEXPIRED)

Click "Next" to continue

Employee eSignature:

9. Confirm correct name
 - a. If incorrect, click "Back" button to go back and correct
10. Select from the "Security Question" dropdown
11. Type answer in "Your Answer" field

Click "Sign" to complete section 1 of the eForm

12. You will receive a brief message stating the form is complete
13. The page will auto-refresh to the section 2 invitation
14. Enter the last and first name of the authorized representative selected
15. Enter and confirm the authorized representative's email address

Click "Send Invitation" to send email to the authorized representative

16. Upon notice of the sent email, close the window
17. The authorized representative will receive an email including:
 - a. login link
 - b. login information
 - c. link to instructions for completion of section 2
 - i. [View USER GUIDE - SECTION 2](#)
18. The employee must be physically present during section 2 completion.

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. Confirm their email address

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.

Employee eSignature

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.

Last Name	<input type="text" value="Smith"/>
First Name	<input type="text" value="John"/>
Middle Initial Name	<input type="text" value="J"/>
Security Question	<input type="text" value="What is your mother's name?"/>
Your answer	<input type="text" value="Your Answer"/>

When the 'Sign' button below is clicked, you acknowledge, agree and attest that you:

- Have reviewed and confirmed that the information in the Section 1 is true and correct to the best of your knowledge.
- Are the person named in Section 1.
- Freely intend to create and are adopting as your own a legally binding electronic signature on this electronic document that carries the same legal effect and enforceability as your handwritten signature.
- Understand that you may refuse to sign this document electronically by selecting the 'Back' button below, or close the browser window, but instead have freely elected to sign electronically.

STEP 2

AUTHORIZED REPRESENTATIVE COMPLETES SECTION 2

THE TTEC EMPLOYEE CANNOT BE THE AUTHORIZED REPRESENTATIVE

The **EMPLOYEE** must present to you original documents as referenced on the "List of Acceptable Documents" (Reference **LISTS OF ACCEPTABLE DOCUMENTS** link at the bottom of the eForm I-9). The employee can present either:

1. Any one (1) document from **List A or**
2. Two (2) documents, one (1) from **List B** (identity) **and** one (1) from **List C** (work eligibility)

IMPORTANT: Review ONLY original documents; faxes, photocopies and laminated Social Security Cards are NOT acceptable documents. The document(s) presented by the Employee must be UNEXPIRED.

STEP 3

SUCCESSFUL COMPLETION NOTIFICATION

Form I-9 is complete

You have completed the remote Form I -9.

Using your **REMOTE HIRE "AUTHORIZED REPRESENTATIVE" CERTIFICATION FORM** as the FAX COVER PAGE, you must IMMEDIATELY FAX your documentation to **877-311-3636**

You may now **Exit** the eForm I-9 system and still must complete **STEP 4 and 5** as outlined below

STEP 4

AUTHORIZED REPRESENTATIVE - RESPONSIBILITY

1. Complete the **REMOTE HIRE "AUTHORIZED REPRESENTATIVE" CERTIFICATION FORM** on the next page
 - a. Enter the **Employee** Information AND your Information
 - b. Sign and Date the Form
 - c. Give the completed Form to the **Employee**.

STEP 5

EMPLOYEE - RESPONSIBILITY

1. Photocopy the document(s) you submitted to complete **Section 2** of the eForm I9
2. Immediately **FAX or Email** the following information to Form I-9 Compliance at **877-311-3636 or ttecsupport@formi9.com**
 - a. The completed **REMOTE HIRE "AUTHORIZED REPRESENTATIVE" CERTIFICATION FORM** (*see next page*)
AND
 - b. A clear and legible **PHOTOCOPY** of your document(s)

If you have questions or concerns regarding this process, please contact TTEC:
i9athome@TTEC.com

For technical assistance or help with website issues please contact Sterling:

Client Service Team:

Phone: 833-780-7902 Ext 2003

Email: sterlingteletechsupport@sterlingcheck.com

COVER PAGE

ALERT: FAX INFORMATION TO 877-311-3636

Or Email: ttecsupport@formi9.com

REMOTE HIRE "AUTHORIZED REPRESENTATIVE" CERTIFICATION FORM

(To be completed and executed by the Authorized Representative ONLY)

THE TTEC EMPLOYEE CANNOT BE THE AUTHORIZED REPRESENTATIVE

EMPLOYEE INFORMATION:

NAME: LAST _____ FIRST _____ M.I. _____

DATE OF BIRTH _____

DATE OF HIRE _____

AUTHORIZED REPRESENTATIVE INFORMATION

NAME: LAST _____ FIRST _____ M.I. _____

PHONE NO. _____

By signing below, YOU attest to the following:

1. You have examined the document(s) presented by the employee named in **SECTION 1** of the Form I-9
2. The document(s) appear to be genuine and relate to the employee named in **SECTION 1** of the Form I-9
3. The employee began employment on the date specified in **SECTION 2** of the Form I-9
4. To the best of your knowledge the employee is authorized to work in the United States.

SIGNATURE

DATE

THE EMPLOYEE MUST IMMEDIATELY DO THE FOLLOWING:

1. **SEND THIS COMPLETED FORM AND LEGIBLE PHOTOCOPIES OF THEIR DOCUMENTS**
 - a. **FAX to 877-311-3636**
 - b. **Email to ttecsupport@formi9.com**
2. **USE THIS FORM AS YOUR COVER PAGE**