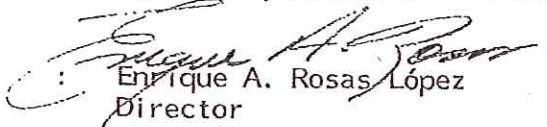


Estado Libre Asociado de Puerto Rico  
OFICINA CENTRAL DE ADMINISTRACION DE PERSONAL  
Apartado 8476, Estación Fernández Juncos  
Santurce, Puerto Rico 00910

22 de julio de 1987

MEMORANDO ESPECIAL NUM. 17-87

A : Señores Secretarios de Gobierno, Jefes de Agencias y Alcaldes - Sistema de Personal

DE :   
Enrique A. Rosas López  
Director

ASUNTO : APLICABILIDAD DE LA LEY FEDERAL DE REFORMA Y CONTROL DE INMIGRACIÓN DE 1986 AL SECTOR PÚBLICO

La Ley Federal de Reforma y Control de Inmigración de 6 de noviembre de 1986 (Ley Pública Núm. 99-603) aplica a las agencias y municipalidades cubiertas por la Ley de Personal del Servicio Público.

La aludida Reforma tiene dos propósitos:

1. Conceder derechos a aquellos extranjeros que al momento de aprobarse la Ley, 6 de noviembre de 1986, cualificaban para la legalización; y
2. Sancionar a los patronos que recluten personal que no sea ciudadano de los Estados Unidos o a extranjeros no autorizados a trabajar en los Estados Unidos,

Para fines de esta legislación las dependencias del Estado Libre Asociado de Puerto Rico están consideradas como patrono, por lo cual le son aplicables sus disposiciones y penalidades.

El Servicio de Inmigración Federal ha indicado ciertas fechas de importancia para los patronos:

- Del 6 de noviembre de 1986 hasta nuevo aviso comenzó un período de adiestramiento e información al público y los patronos.

- Los patronos tendrán hasta el 1º de septiembre de 1987 para llevar el Formulario de Verificación Núm. I-9 por cada individuo empleado después del 6 de noviembre de 1986. En casos de empleados reclutados después del 1º de septiembre de 1987, los patronos tendrán tres días laborables para examinar los documentos de los empleados que establecen su identidad y elegibilidad para empleo y para llenar el Formulario I-9.
- El 1º de septiembre de 1987 el Servicio Federal de Inmigración comenzará a visitar a los patronos para constatar el cumplimiento con la Ley y a su vez orientar sobre su contenido y alcance.

El propósito de este Memorando es el de informarles sobre la obligación que tienen todas las agencias y municipios por el fiel cumplimiento de esta Ley y su reglamentación. Cualquier información o asesoramiento sobre la misma se debe solicitar a la Sra. Myrna Pérez o al Sr. Al Maldonado, funcionarios del Servicio de Inmigración, a los teléfonos 753-4393 ó 753-4394. Las reglas aprobadas en virtud de la nueva Ley y el material informativo que ha publicado el Servicio de Inmigración Federal lo pueden obtener en el Edificio Federal en la Calle Chardón, Oficina Núm. 380.

A modo de referencia incluimos, copia de la Ley Federal de Reforma y Control de Inmigración de 1986 y de la Reglamentación aprobada para la implantación de la misma.

*Anejos/*

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

## EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)	Social Security Number		

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fines for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)		
PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.			
Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

## EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Nomine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate boxes. Provide the Document Identification Number and Expiration Date for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> United States Passport</li> <li><input type="checkbox"/> Certificate of United States Citizenship</li> <li><input type="checkbox"/> Certificate of Naturalization</li> <li><input type="checkbox"/> Unexpired foreign passport with attached Employment Authorization</li> <li><input type="checkbox"/> Alien Registration Card with photograph</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____</li> <li><input type="checkbox"/> 2. U.S. Military Card</li> <li><input type="checkbox"/> 3. Other (Specify document and issuing authority) _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment)</li> <li><input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification</li> <li><input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____</li> </ul>
Document Identification # _____	Document Identification # _____	Document Identification # _____
Expiration Date (if any) _____	Expiration Date (if any) _____	Expiration Date (if any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

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Employment Eligibility Verification

**NOTICE:** Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

**Section 1. Instructions to Employee/Preparer for completing this form**

*Instructions for the employee.*

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

*Instructions for the preparer of the form, if not the employee.*

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

**Section 2. Instructions to Employer for completing this form**

(For the purpose of completion of this form, the term "employer" applies to employers and those who recruit or refer for a fee.)

Employers must complete this section by examining evidence of identity and employment eligibility, and:

- checking the appropriate box in List A or boxes in both Lists B and C;
- recording the document identification number and expiration date (if any);
- recording the type of form if not specifically identified in the list;
- signing the certification section.

**NOTE: Employers are responsible for reverifying employment eligibility of employees whose employment eligibility documents carry an expiration date.**

Copies of documentation presented by an individual for the purpose of establishing identity and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and no other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Name changes of employees which occur after preparation of this form should be recorded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Employers should not attempt to delete or erase the old name in any fashion.

**RETENTION OF RECORDS.**

The completed form must be retained by the employer for:

- three years after the date of hiring; or
- one year after the date the employment is terminated, whichever is later.

Employers may photocopy or reprint this form as necessary.