Introduction

Complete and submit 19 is a self service application that allows Holy Cross employees the ability to complete the employee portion of the federal I-9 verification form online and submit it for verification. Original documentation will be reviewed by Human Resources within 3 days of hire. Documentation cannot be reviewed more than 3 days before or after hire.

Verification of I-9

To verify documentation for a new employee, you need to have a network id and password. The following instructions can be used with any computer on campus.

- 1. Launch a web browser, either Mozilla FireFox or Internet Explorer
- 2. If you aren't presented with the Holy Cross home page, press CNTL and L at the same time and enter in the address bar: http://www.holycross.edu/



3. Click the purple Log In button located in the upper right portion of the Holy Cross home page

			Resources For:		
Calendars	Libraries	Log In	Aumni & Friends	Media	
Site search	A-Z Site Index	Log in	Faculty & Staff	Parents & Families	

- 4. Click the link for **Human Resources Self Service** located under the Links and Quick Links on the right side of the page
 - Human Resources Self-Service
- 5. Enter in your network id and network password and click Sign In



6. Underneath College of the Holy Cross click Main Menu

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7. From this expanded menu click Workforce Administration



8. From this expanded menu click Personal Information



9. From this expanded menu click I-9 Forms

í.		Biographical	×
1		Organizational Relationships	×
1		Personal Relationships	×
1		Citizenship	×
1		Disability	×
1		OEE Workforce Survey CAN	×
1		Diversity Compliance NLD	×
$\langle \langle \rangle$		I-9 Forms	×
		Add a Person	
	ľ	Manage Hires	
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10. From this expanded menu click Complete/Reverify EE I-9 Form



11. Fill in the form as instructed by the Associate Director HR/Employment.

Document Verif	ication				
To be completed a and one from List document(s).	and sign C, as lis	ed by the employer. Examine sted in the instructions, and re	one docum ecord the tit	ent from List A OR examine or le, number and expiration date	ie document from List B , if any, of the
To open the cor List A	nplete	instructions in a separate	browser v	vindow, select <u>I-9 Instructio</u>	<u>ns</u>
Document Tit	le:		•	Receipt	
Issuing Autho	ority:				
Document Num	ber:			Exp Date (if any):	31
Document Num	ber:			Exp Date (if any):	31
C List B AND Li	st C				
	D	ocument from List B			
Document Tit	le:		-	Receipt	
Issuing Autho	ority:				
Document Nurr	nber:			Exp Date (if any):	
	D	ocument from List C			
Document Tit	le:		Ψ.	Receipt	
Issuing Autho	ority:				
Document Nurr	nber:			Exp Date (if any):	
Employer Repre	esentat	ive Details			
Employer Rep's	Name:	Jean Leavitt			
Title:		Specialist			
Address:		One College Street Worcester, MA 01610			
Accept I a ti ti e	attest (bove-n he emp hat to ti mployi	under penalty of perjury, t amed employee, that the loyee named, that the em he best of my knowledge ment agencies may omit t	hat I have above-list aployee be the emplo the date th	examined the document(s ed document(s) appear to gan employment on (mon yee is authorized to work e employee began employ) presented by the be genuine and to relate t th/day/year) 07/19/2012 and in the United States. (Stat ment.)

12. After completing the form, click on the *Accept* button indicating that you have examined the original documents.