

## Supplement B, **Reverification and Rehire (formerly Section 3)**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS** Form I-9 Supplement B OMB No. 1615-0047 Expires 07/31/2026

Last Name (Family Name) from Section 1. First Name (Given Name) from Section 1. Middle initial (if any) from Section 1.

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter

completing this page. Kee		mployee's Form I-9 record	tion or rehire. Review the Fo d. Additional guidance can b			before
Date of Rehire (if applicable)	New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial
	L ee requires reverification, you prization. Enter the document		present any acceptable List A o pelow.	or List	C documentat	ion to show
Document Title		Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)		
			yee is authorized to work in o be genuine and to relate to			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		
Additional Information (Initial and date each notation.)				Check here if you used an alternative procedure authorized by DHS to examine documents.		
Date of Rehire (if applicable)	New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name) First Name (Given Name)					Middle Initial
	i ee requires reverification, you prization. Enter the document		present any acceptable List A o pelow.	or List	C documentat	ion to show
Document Title		Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)		
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Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		
Additional Information (Initial and date each notation.)		,		Check here if you used an alternative procedure authorized by DHS to examine documents.		
Date of Rehire (if applicable)	New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial
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Document Title		Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)		
			yee is authorized to work in o be genuine and to relate to			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy)	
Additional Information (Initi	al and date each notation.)					ou used an sedure authorized mine documents.