



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 05/31/2027

Last Name (Family Name) from Section 1. Smith	First Name (Given Name) from Section 1. Robin	Middle initial (if any) from Section 1. W
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**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 the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable) Date (mm/dd/yyyy) 12/25/2025	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.		
Document Title Smith	Document Number (if any) Robin	Expiration Date (if any) (mm/dd/yyyy) W
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.		
Name of Employer or Authorized Representative Document Title (Section 1)	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy) 12/25/2025
Additional Information (Initial and date each notation.) Employer Name (Section 1)		<input checked="" type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy) 12/25/2025	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.		
Document Title Document Title (Section 2)	Document Number (if any) Document Number (Section 2)	Expiration Date (if any) (mm/dd/yyyy) 12/25/2025
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.		
Name of Employer or Authorized Representative Employer Name (Section 2)	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.		<input checked="" type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy) 12/25/2025	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.		
Document Title Document Title (Section 3)	Document Number (if any) Document Number (Section 3)	Expiration Date (if any) (mm/dd/yyyy) 12/25/2025
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.		
Name of Employer or Authorized Representative Employer Name (Section 3)	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.		<input checked="" type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.