

THE BASIC PILOT PROGRAM

Notification to the Employee Referral to the Department of Homeland Security

Name of Employee: _____

Employee's A Number: _____

Employee's I-94 Number: _____

Employee's Case Verification Number: _____

This employer is participating in a pilot project to verify the employment eligibility documentation you provided when you completed the Form I-9. The information you provided was compared by computer to the Department of Homeland Security's records. The Department of Homeland Security has been unable to verify your employment eligibility. You have chosen to contest the Department of Homeland Security's tentative nonconfirmation. The tentative nonconfirmation does not mean that the information you provided is incorrect, but it means that if you are work authorized, you must contact the Department of Homeland Security to resolve your case. Please call a Department of Homeland Security Immigration Status Verifier at 1-888-897-7781 who will assist you in resolving your case.

It is your responsibility to contact the Department of Homeland Security within 8 Federal Government work days from today to clarify your employment eligibility. When you call the Department of Homeland Security you will be asked to provide additional information or documents to verify your eligibility to work. If you fail to contact the Department of Homeland Security within the 8-day period, your employer will be notified and may be subject to fines for continuing to employ you.

Your employer may not terminate your employment or take adverse action against you within the next 10 Federal Government work days based upon your employment eligibility status, unless the Department of Homeland Security determines within that time that you are not work authorized.

If you have questions or concerns about this process or about immigration-related unfair employment practices, you may also call the Office of Special Counsel for Immigration-Related Unfair Employment Practices toll free at 1-800-255-7688 or 1-800-237-2515 (TDD) for the hearing impaired.

Date referred to Department of Homeland Security: _____

Name of Employer: _____

Name of Employer Official: _____

Employer Official's Signature

Date signed

Employee's Signature

Date signed