Notification to the Employee REFERRAL TO THE SOCIAL SECURITY ADMINISTRATION

Name of Employee:			
First Name			Last Name
Social Security Number (SSN):			Month/Year of Birth:/
Reason for Referral:	[]	SSN no match.	
	[]	SSN is invalid.	
	[]	SSA could not con	firm citizenship.
	[]	SSA unable to prod	cess.
to verify employment eligib SSA's records, SSA could no nonconfirmation. The tentati the SSA to resolve your case submit original documents.) questions or to find out the letter it is your responsibility to status. TAKE THIS FORM	ot confirm to the confirmation to the confirma	nation you provided we that you are work elig firmation does not mean visit SSA, you must ll SSA at 1-800-772-1 the nearest SSA office within 8 Federal Gove OU TO SSA. If, as a	ernment work days from today to clarify your employment eligibility result of your visit to SSA, any of the information you gave your
employer changes, you must			
	•		dverse action against you because your case has been referred to the SSA.
If you do not understand who	at you are r	required to do, please of	call the SSA toll free number and they will assist you.
			unfair employment practices, you may call the Office of Special Counsel for the 1-800-255-7688 or 1-800-237-2515 (TDD) for the hearing impaired.
Date Referred to SSA:			
Name of Employer:			
Name of Employer Representative:			Phone #:
Employer Official's Signature:			Date Signed:
Employee's Signature:			Date Signed:
			=======================================
	FOR COM	MPLETION BY THE	E SOCIAL SECURITY ADMINISTRATION
Office Stamp:		S	SA Employee Name:
		D	Pate of Visit:

AFTER COMPLETION BY SSA, RETURN THIS FORM TO YOUR EMPLOYER

THE BASIC PILOT PROGRAM

Notification to the Employee Referral to the Department of Homeland Security

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 pro The information you provided was compared by computer to the Department of Homeland Security's recorn has been unable to verify your employment eligibility. You have chosen to contest the Department of Hom The tentative nonconfirmation does not mean that the information you provided is incorrect, but it means that the Department of Homeland Security to resolve your case. Please call a Department of Homeland 888-897-7781 who will assist you in resolving your case.	ds. The Department of Homeland Security eland Security's tentative nonconfirmation. nat if you are work authorized, you must
It is your responsibility to contact the Department of Homeland Security within 8 Federal Gover your employment eligibility. When you call the Department of Homeland Security you will be a or documents to verify your eligibility to work. If you fail to contact the Department of Home your employer will be notified and may be subject to fines for continuing to employ you.	sked to provide additional information
Your employer may not terminate your employment or take adverse action against you within days based upon your employment eligibility status, unless the Department of Homeland Securi are not work authorized.	
If you have questions or concerns about this process or about immigration-related unfair emplo Office of Special Counsel for Immigration-Related Unfair Employment Practices toll free a (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