University of Missouri
E-VERIFY EXCEPTION REQUEST

E-Verify General User and/or Program Administrator complete following document and attach to employee's 1-9 form as part of the hire packet. PAF and hiring documentation is submitted to Human Resource Services for appropriate processing. For assistance, please contact your Human Resources.

EMPLOYEE INFORMATION (Please Print)

Name _____   Phone Number _____

Department _____   Campus Address _____

REASON FOR EXCEPTION REQUEST

_____

_____

DATE EMPLOYEE IS EXPECTED TO RETURN APPROPRIATE DOCUMENTATION:

☐   Date: _____

☐   If unknown, please specify when the employee applied for documentation: _____

E-VERIFY EXCEPTION AGREEMENT

E-Verify requires that all new hires be verified through the on-line system within three days of hire. This verification uses information contained within the 1-9 form. This process has temporarily been suspended due to the above-mentioned employee's lack of a social security number. _____ (name) has been notified of the requirement that he/she supply a valid social security number for payroll reporting purposes. The employee has been notified that it is his/her responsibility to supply this information in a timely basis. The employee understands that if he/she fails to provide such documentation, termination of employment may result.

_____   _____/_____/_____
Signature of Employee   **Date**

I agree to follow-up with the employee on a weekly basis to ascertain his/her status. Once this documentation is provided, I will initiate the verification process on E-Verify. I will forward the appropriate documentation to the attention of Human Resource Services. If the employee is unable to furnish appropriate documentation within 30 days from _____ (date of notice), I will immediately contact Human Resource Services for further information.

I have read and understand the statement above and agree to comply with the procedures contained in this agreement.

_____   _____/_____/_____
Signature of E-Verify User   **Date**

E-Mail Address _____ Telephone Number _____

Campus Address _____ Fax Number _____

I have reviewed the above exception request and have determined that it meets the exception requirements as indicated in the attached procedures. I assume responsibility to ensure timely submission of appropriate documentation to Human Resource Services.

_____   _____/_____/_____
Signature of Program Administrator   **Date**