



ELECTRONIC I-9 SYSTEM Security Request Form

GENERAL INFORMATION

Employee Name _____ Employee ID# _____
Title (Dr., Mr., Ms.) Last, First MI
Email Address _____
Campus Phone # _____ Employee Status Faculty or A&P [] USPS [] OPS []
Eight Digit Home Department Name & Number(s) _____

USER STATUS

Status (check one) [] New [] Change [] Terminate (Effective date of termination _____)

- To receive access to the Electronic I-9 System, employees must complete I-9 Training Course.
Please ensure that your department has back-up users for the Electronic I-9 System in the event they are out of the office.

SIGNATURES

- Each user is responsible for his/her own access to the system. Users are not permitted to share their user id and passwords.
Security will be DELETED upon termination of employment at UCF.
The Department Head/Vice President/Dean or Designee signature is required.

As an employee of the University of Central Florida, I, the undersigned, accept the responsibilities of having security in the Electronic I-9 System to complete I-9 Forms. I understand that my security is for use in administrative support only. Any other uses of this access are strictly prohibited. I, further, understand that Human Resources reserves the right to terminate my security for improper or illegal use. I understand that my request will be processed in accordance with UCF and HR policy.

Employee Signature _____ Date _____ Dept Head/Vice President/Dean or Designee Signature _____ Date _____
Employee Name (Print) _____ Date _____ Dept Head/Vice President/Dean or Designee Name (Print) _____ Date _____

DEPARTMENTAL CONTACT INFORMATION

The departmental contact will be notified by email when the security access has been created.
Departmental Contact _____ Phone _____ Email _____

Human Resources Use Only

Table with 2 columns: REC001 or I-9, Location

SUBMISSION INSTRUCTIONS: Form must be signed, scanned, and emailed to records@ucf.edu or faxed to HR-Employment Services & Records at (407)823-3507.