

Personnel Processor Request for FIOS Access

HOME DEPARTMENT

HOME DEPARTMENT: _____

COORDINATING POINT

- | | | |
|---|---|--|
| <input type="checkbox"/> A&BS | <input type="checkbox"/> ACADEMIC AFFAIRS | <input type="checkbox"/> CHANCELLOR'S OFFICE |
| <input type="checkbox"/> OFFICE OF RESEARCH | <input type="checkbox"/> SCHOOL OF MEDICINE | <input type="checkbox"/> STUDENT AFFAIRS |
| <input type="checkbox"/> UNIVERSITY ADVANCEMENT | | |

EMPLOYEE INFORMATION

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____

WORK TITLE: _____

YOUR SUPERVISOR'S NAME: _____

QUESTIONNAIRE

When did you attend the *Form I-9 & FIOS* training?

DATE: _____

Please identify your role for processing Form I-9.

- ☐ Primary Processor ☐ Primary Back-up Processor ☐ I don't process Form I-9s

I _____, can attest that _____, has completed all required I-9 Trainings
(Supervisor's name) (Processor's name)

and will need FIOS access.

Supervisor's Signature

Date

Signed forms can be submitted via email to accessi9@uci.edu or via intercampus mail to
Cecilia Preciado, Department of Human Resources, zot code: 4600.

8/14/2013