

HOT TOPICS IN HR

Presenters

- **Jackie Morris, SHRM-CP**, Management Consultant, Seay Management Consultants
- **Lauren Levine**, Partner, Garfunkel Wild, P.C.
- **Salvatore Puccio**, Partner/Director, Garfunkel Wild, P.C.

Agenda

- **I-9 & E-Verify Compliance Requirements**
- **Employee Engagement Strategies To Make Healthcare More Efficient**
- **Well-Being Initiatives And Related Legal Issues**

Section One

I-9 and E-Verify Compliance Requirements

Agenda

- Increased Scrutiny on Workers Unauthorized to Work in the US
- How to Properly Complete Form I-9
- Using E-Verify



Why Should You Care?



Legal Obligation



Increased Enforcement



Reputation Risk



Operational Impact



Fines and Penalties for Non-Compliance

| Type of Violation | 2025 Fines |
|---|--------------------|
| Substantive Form I-9 violations (minimum) | \$288 |
| Substantive Form I-9 violations (maximum) | \$2,861 |
| Knowingly employing undocumented workers – 1st order | \$716 – \$5,724 |
| Knowingly employing undocumented workers – 2nd order | \$5,724 – \$14,308 |
| Knowingly employing undocumented workers – subsequent | \$8,586 – \$28,619 |
| Document fraud – 1st order | \$590 – \$4,730 |
| Document fraud – subsequent order | \$4,730 – \$11,823 |
| Prohibition of indemnity bonds | \$2,861 |

Examples and Trends

Audit Trends

The number of Form I-9 audits has increased by 300% over the past decade, highlighting the government's focus on enforcement.

2022

50 employee staffing firm fined over \$1.5 million for failing to properly complete I-9s.

2025

Twelve Connecticut employers fined a combined amount of over \$130,000 for various I-9 violations.

Three Colorado employers fined a combined amount of over \$8 million for failing to properly complete I-9s and knowingly hiring and employing unauthorized workers.



I-9 Form

Purpose of Form I-9

- Provided by U.S. Citizenship and Immigration Services (USICS) as a part of the Department of Homeland Security (DHS).
- Form I-9 compliance enforced by U.S. Immigrations & Customs Enforcement (ICE).
- Used to verify employment eligibility for all employees.
- Ensures compliance with U.S. employment laws.
- Employers must retain and properly complete the form for each employee.



Section 1 - Completed by Employee



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | | | |
|---|-----------------------------|-------------------------|---|-------------------------|--------------------------------|---|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | Apt. Number (if any) | City or Town | | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | |
| | | | <input type="checkbox"/> 1. A citizen of the United States | | | |
| | | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | |
| | | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | |
| | | | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | |
| | | | If you check Item Number 4. , enter one of these: | | | |
| USCIS A-Number | | OR | Form I-94 Admission Number | | OR | Foreign Passport Number and Country of Issuance |
| Signature of Employee | | | | | Today's Date (mm/dd/yyyy) | |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.



Section 2 - Completed by Employer

| Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions. | | | | | |
|--|--|--|-------------------|--|---------------------------|
| List A | | OR | List B AND List C | | |
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | | Additional Information | | | |
| Issuing Authority | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. | | | | First Day of Employment (mm/dd/yyyy): | |
| Last Name, First Name and Title of Employer or Authorized Representative | | | | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | |

Acceptable Documents

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|--|-----|---|
| <ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | <ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record | | <ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document. |
| <p align="center">Acceptable Receipts</p> <p align="center">May be presented in lieu of a document listed above for a temporary period.</p> <p align="center">For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List B document. | | <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List C document. |



Supplement A – Preparer & Translator Certification



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
| | | |


Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| | | | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| | | | |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |
| | | | |



Supplement B – Reverification & Rehire

| Supplement B, Reverification and Rehire (formerly Section 3) Department of Homeland Security U.S. Citizenship and Immigration Services | | USCIS Form I-9 Supplement B OMB No. 1615-0047 Expires 05/31/2027 | |
|--|--|--|--|
|  | | | |
| Last Name (Family Name) from Section 1. | | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
| <p>Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)</p> | | | |
| Date of Rehire (if applicable) | New Name (if applicable) | | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| <p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p> | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) | |
| <p>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p> | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
| Date of Rehire (if applicable) | New Name (if applicable) | | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |



What to do if Employee Does Not Provide Documentation

If Employee Cannot Provide Acceptable Documents Within 3 Business Days of First Day of Work

- Terminate employment or place the employee on unpaid leave until they provide valid documents.
- If termination occurs, the employer should document the reason and explain that it is due to I-9 compliance, not discrimination.

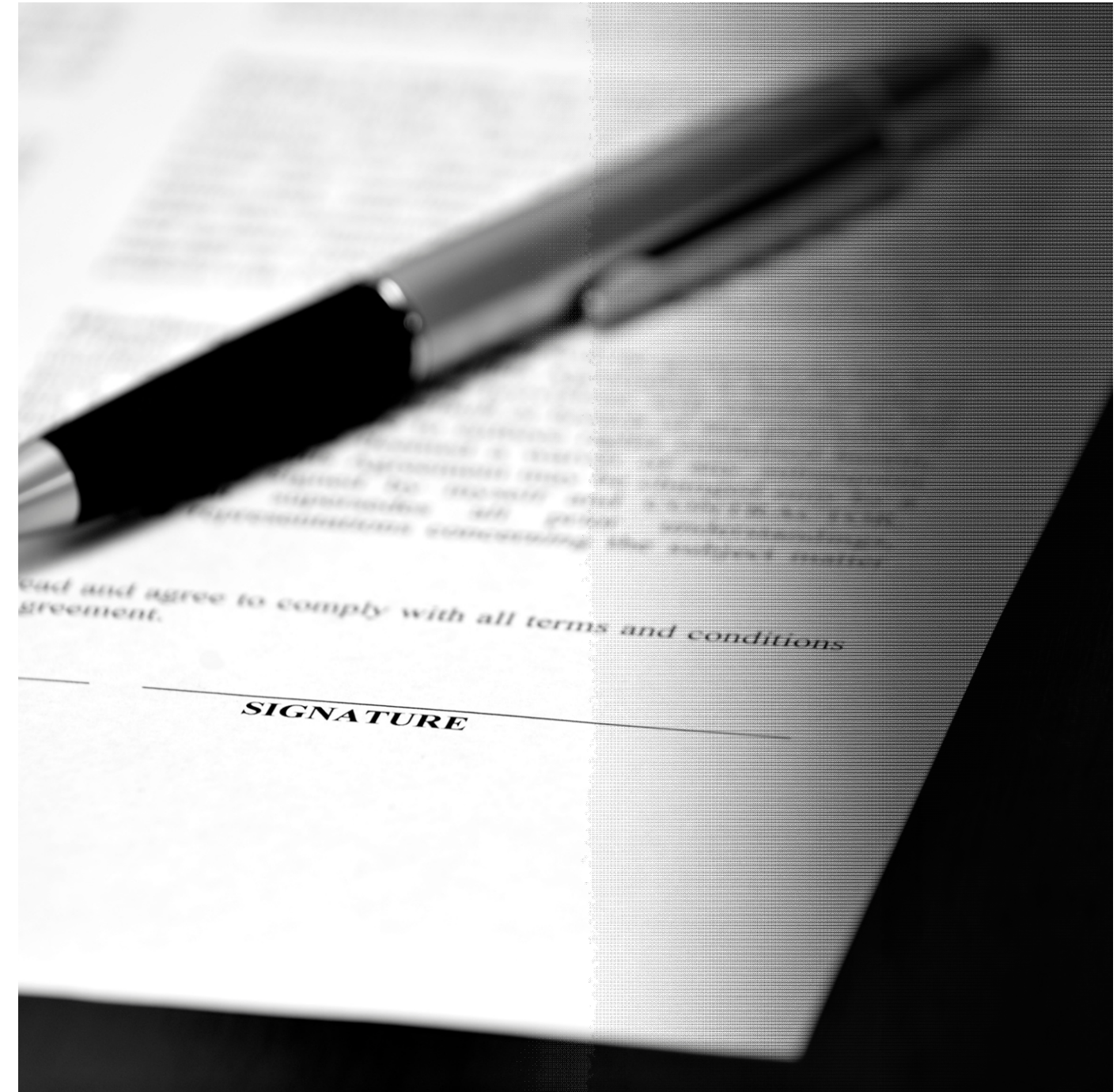
If Employee Provides Receipt for Replacement Documents

- A receipt is acceptable for 90 days, but the employee must present the actual document once received.
- If the document is not provided within 90 days, the employer must terminate employment.



Most Common I-9 Issues

- Not Checking Employment Status box
- Missing signatures
- Employees filling out Part 2
- Documents Entered Incorrectly
- Reverification Not Completed When Required



E-Verify



What Is E-Verify?

- Online system to verify employment eligibility of new hires.
- Operated by U.S. Citizenship and Immigration Services (USCIS) in partnership with the Social Security Administration (SSA).
- Cross-checks employee information from Form I-9 against government databases.
- Used to ensure a legal workforce and prevent unauthorized employment.

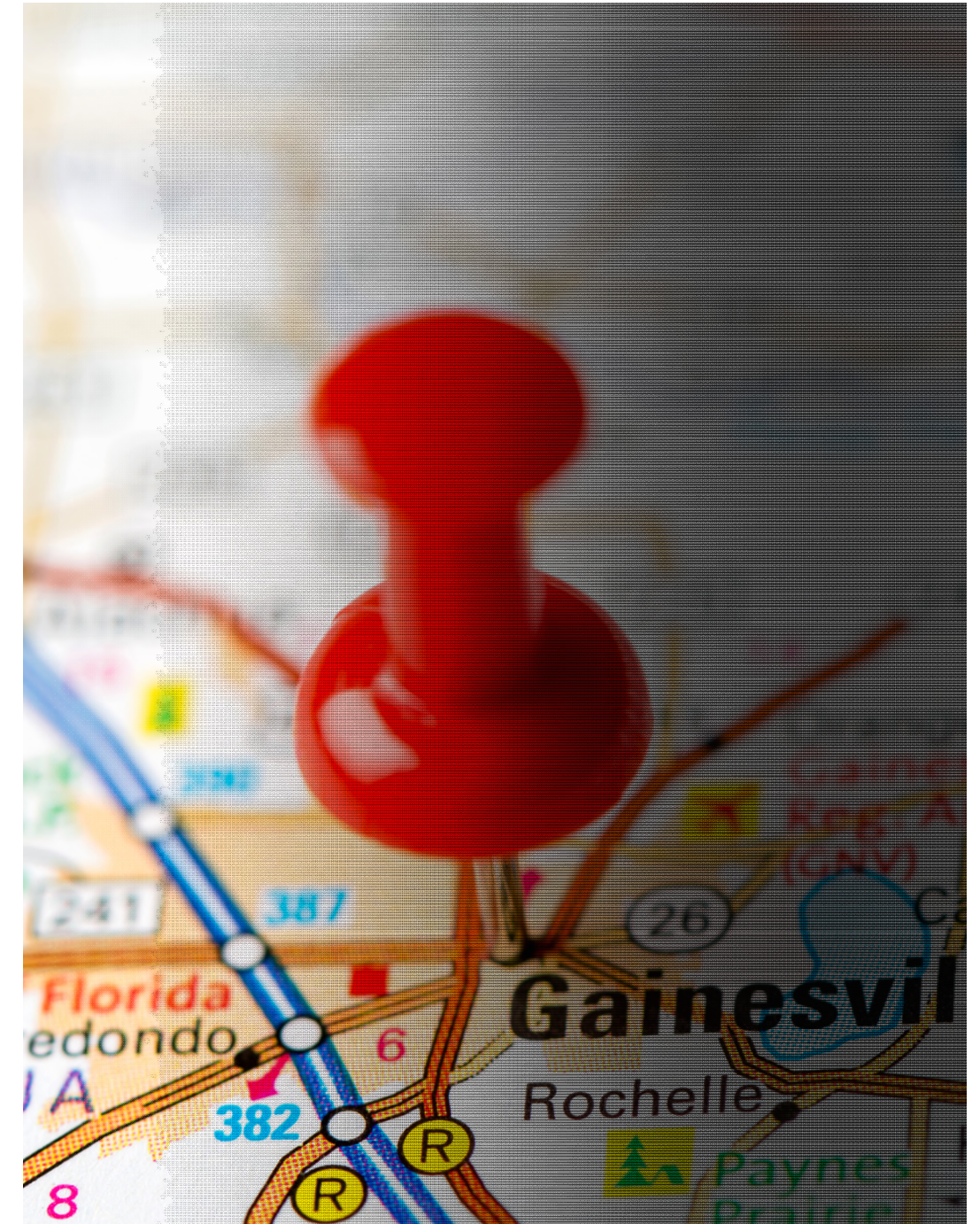
States That Require E-Verify

While federal law does not require E-Verify for all employers, some states and federal contracts mandate participation.

States with Mandatory E-Verify Laws (for some or all employers):

- Alabama
- Arizona
- Florida
- Georgia
- Mississippi
- North Carolina
- South Carolina
- Tennessee
- Texas (for state contracts only)
- Utah

Other states have restrictions on E-Verify use or voluntary participation.



E-Verify Best Practices

- Do not pre-screen applicants, E-Verify should only be used after an offer is accepted.
- Verify consistently, do not use E-Verify selectively.
- Stay compliant with state and federal requirements, update policies as needed.
- Do not use E-Verify to check current employees' employment eligibility.

Section Two

Employee Engagement Strategies To Make Healthcare More Efficient

2025 Reminder: Pay Transparency

Current States

California, Connecticut, Illinois, Maryland, Minnesota, New Jersey, New York, Ohio (certain areas), Vermont, Washington, Washington D.C.

Upcoming Changes

Massachusetts effective October 29, 2025

Pay Transparency – NY Deep Dive

New York State Pay Transparency Law

Effective Date: September 17, 2023

Applies To: Employers with **4 or more employees**

Key Requirements:

- Employers must include a **salary or hourly wage range** and a **job description (if one exists)** in all job postings, promotions, and transfer opportunities.
- Applies to **remote roles** if the employee will work in New York State.
- Employers must maintain records of compensation history and job descriptions for each posted role.

New York City Pay Transparency Law

Effective Date: November 1, 2022

Applies To: Employers with **4 or more employees**, including independent contractors

Key Requirements:

- Job postings must include a **good faith salary range** (minimum and maximum) for any position performed in NYC, including remote roles tied to NYC locations.
- Applies to internal and external postings.
- No requirement to list bonuses or benefits, but they may be included voluntarily.

Pay Transparency – NJ/CT Deep Dive

New Jersey State Pay Transparency Law

Effective Date: June 1, 2025

Key Requirements:

- Employers with **10+ employees** must include **salary or hourly wage ranges** and a **general description of benefits** in all job postings (internal and external).
- Must make **reasonable efforts** to notify current employees of promotional opportunities.
- Applies to employers doing business in NJ or accepting applications from NJ residents—even for remote roles.

Connecticut State Pay Transparency Law

Effective date: October 1, 2021

Key Requirements:

- Employers with **1+ employees** must provide the **salary range** for a position to job applicants **upon request, or before an offer is made**, whichever comes first.
- They must also provide this information to **current employees** when they are hired into a new role or upon their request.
- Applies even if the employees are located outside the physical confines of the state working remotely for a CT company.

Retaining and Engaging Employees

Fostering a Positive & Engaging Work Culture



Creating a culture of recognition and appreciation.



Investing in employee development and training opportunities.



Promoting open communication and feedback.



Encouraging work-life integration.

Performance Management and Feedback



Establishing clear performance expectations.



Conducting performance reviews that are fair and objective.



Providing regular feedback and coaching.

Stay Interviews

Why They Matter

- Strengthen trust and psychological safety
- Uncover hidden retention risks
- Reinforce what's working well
- Personalize development and recognition strategies

When to Conduct

- At 90 days, 6 months, and/or annually
- After major organizational changes

Core Questions to Ask

- What do you look forward to each day at work?
- What do you wish you could do more of?
- What might tempt you to leave?
- How supported do you feel in your role?
- What can I do to make your experience better?

Best Practices

- Create a safe, confidential space
- Listen actively - don't defend
- Follow up with action and accountability
- Document themes for organizational insight

Section Three

Well-Being Initiatives And Related Legal Issues

Employee Engagement

Burn-out Prevention

- Work-life balance vs work-life integration
- Remote work
- Flexible Scheduling
- Time off policies

Mental Health Resources

- Managing stress
- EAP
- Meditation Apps

Why an EAP?

Employee Assistance Programs (EAPs) provide confidential support for employees facing personal, emotional, or work-related challenges. They're a cornerstone of a healthy, resilient workplace.

Benefits to the Organization:

- Reduces absenteeism and presenteeism
- Improves morale and retention
- Supports mental health and crisis recovery
- Enhances productivity and focus
- Demonstrates commitment to employee well-being

Common Services Offered

- Mental health counseling
- Legal and financial consultations
- Substance abuse support
- Work-life balance resources
- Critical incident response

ADA & Mental Health Accommodations

The Americans with Disabilities Act (ADA) protects qualified employees with mental health conditions from discrimination and entitles them to reasonable accommodations that support their ability to perform essential job functions.

Key Principles:

- Mental health conditions such as anxiety, depression, PTSD, and bipolar disorder may qualify as disabilities under the ADA.
- Employers must engage in an **interactive process** to explore accommodations once a request is made or a need is known.
- Medical documentation may be requested, but only to the extent necessary to understand limitations and accommodation needs.

Common Accommodations May Include:

- Flexible scheduling or break times
- Modified workloads or deadlines
- Remote work or quiet workspace
- Job coaching or support tools

Navigating Requests Effectively

Step 1: Respond Promptly & Respectfully

Treat every request seriously. Create a safe space for disclosure and avoid assumptions.

Step 2: Engage in the Interactive Process

Collaborate with the employee to understand limitations and explore feasible solutions.

Step 3: Consult Trusted Resources

Follow with GW and/or Seay for expert guidance on accommodation ideas, legal parameters, and case examples.

Step 4: Document & Follow Up

Keep clear records of the request, discussions, and outcomes. Revisit accommodations periodically to ensure effectiveness.

Reminder: Accommodations are not one-size-fits-all. The goal is to support performance while honoring dignity, privacy, and compliance.



Salvatore Puccio, Esq.



Phone Number

516-393-2583



Email

spuccio@garfunkelwild.com



Website

garfunkelwild.com



Lauren M. Levine, Esq.



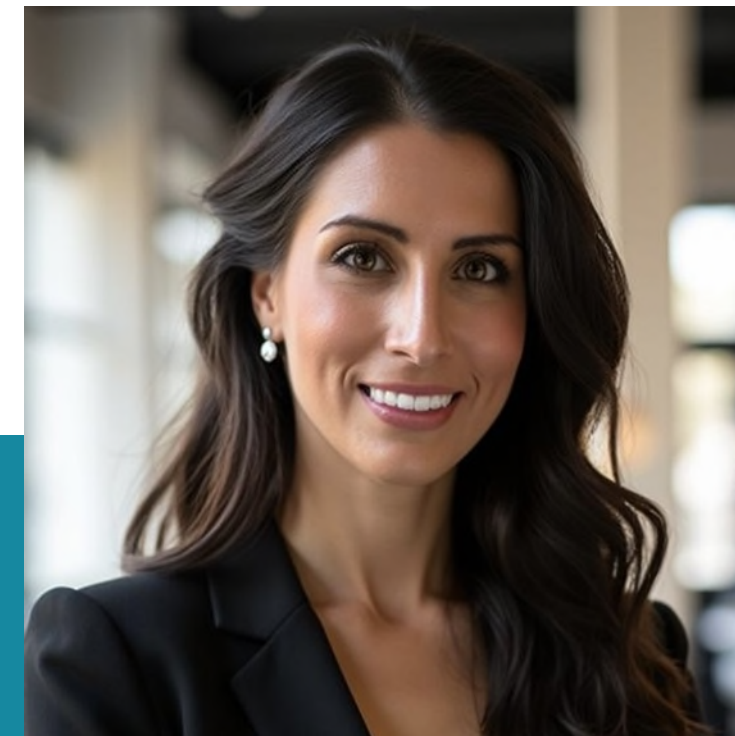
Phone Number

516-393-2240



Email

llevine@garfunkelwild.com



Jackie Morris



Phone Number

407-490-1554



Email

jackie@seay.us



Website

seayhr.com.com