San Diego Community College District
3375 Camino del Rio South, San Diego, CA 92108
People, Culture, and Technology Services | Employment Office | Phone: 619-388-6579

Employment Eligibility to Work in the United States
Employee Certification Form

The certification confirms the employee's understanding of their ongoing responsibility to maintain eligibility to work in the United States while employed with San Diego Community College District.

Employee Information

- Employee Name (Print): _____
- Employee ID (if available): _____
- Position Title: _____
- Department / Campus: _____
- Hire Date: _____

I-9 Reverification Acknowledgement and Certification

I acknowledge and understand the following:

1. I have completed Form I-9, Employment Eligibility Verification, as required by federal law, and have presented documentation establishing my current authorization to work in the United States.
2. I understand that the documentation I presented for my Form I-9 has an expiration date and will require reverification in accordance with U.S. Citizenship and Immigration Services (USCIS) regulations.
3. I understand that I am solely responsible for maintaining continuous eligibility to work in the United States while employed with the San Diego Community College District (SDCCD).
4. I agree to provide valid, unexpired documentation demonstrating continued employment authorization on or before the expiration date of my current I-9 documentation.
5. I understand that SDCCD:
    - Is legally prohibited from allowing me to work or be paid if my employment authorization expires and is not timely reverified;
    - Cannot accept expired documents or allow extensions, leave, or alternative work arrangements once authorization has expired.
6. I understand that failure to timely provide updated work authorization documentation may result in removal from service and separation from employment, in accordance with federal law, regardless of my position, tenure, or employment status.
7. I understand that this requirement is non-disciplinary, does not reflect job performance, and is solely based on federal employment eligibility requirements.

Impact on Salary, Benefits, and Retirement

I further acknowledge and understand the following impacts if my employment authorization expires and is not timely reverified:

Salary / Pay

- SDCCD is legally prohibited from allowing me to work or receive pay beyond the expiration date of my employment authorization.
- My pay will stop effective the last day I am authorized to work.
- Any pay issued after an authorization expiration is subject to recovery as required by law.

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Benefits

- Health, dental, and vision benefits will end in accordance with plan rules, generally at the end of the month in which my employment ends.
- I may be eligible to continue certain benefits under COBRA and will receive separate notification if applicable.
- Life, disability, and other voluntary benefits will end per plan provisions, with possible conversion options.

Retirement (CalPERS / CalSTRS)

- A separation due to I-9 non-compliance will be reported as a separation from service.
- I will retain all vested retirement service credit earned prior to separation.
- My retirement contributions will remain on account, subject to CalPERS or CalSTRS rules regarding withdrawal or future service.

Employee Certification

I certify that I have read and understand the information above. I acknowledge my responsibility to maintain valid authorization to work in the United States throughout my employment with SDCCD and to comply with all Form I-9 reverification requirements.

- Employee Signature: _____
- Date: _____

Important Notice:
SDCCD complies with federal I-9 regulations and anti-discrimination provisions. Employees may choose which acceptable documents to present from the USCIS Lists of Acceptable Documents. SDCCD does not request or require specific documents.

Responsible Office: SDCCD Employment Services
Effective Date: 01/22/2026