Post-COVID Compliance and Enforcement Trends

Loan Huynh, Immigration Attorney Mathew Webster, Immigration Attorney May 9, 2023



Where Law and Business Meet®



- Welcome
- End of Public Health Emergency
- Status of Immigration COVID-related flexibilities
- Immigration enforcement



End of COVID-19 Public Health Emergency

May 11, 2023

- Biden-Harris Administration will end COVID-19 vaccine requirement for federal employees, federal contractors, and international air travelers on May 11, 2023
- Other immigration implications
- Review of COVID-19 Immigration related flexibilities



End of COVID-19 Public Health Emergency

Other Immigration Implications

- End of Title 42, Public Health Services Act
- Summary expulsion of asylum seekers and migrants at the US Border due to public health emergency



USCIS Extended Electronically Reproduced Original Signature Indefinitely on July 25, 2022:

- USCIS will accept all benefit forms and documents with reproduced original signatures, including the Form I-129, Petition for Nonimmigrant Worker, for submissions dated March 21, 2020, and beyond.
- For forms that require an original "wet" signature, per form instructions, USCIS will accept electronically reproduced original signatures.
- Document may be scanned, faxed, photocopied, or similarly reproduced of original documents containing an original wet handwritten signature.
- Must retain the original "wet signature" document as USCIS may request it be provided.



USCIS RFE and Deadlines

- COVID-related flexibilities to respond to the following ended March 23, 2023:
 - Request for Evidence
 - Continuations to Request Evidence;
 - Notices of Intent to Deny; Notices of Intent to Revoke;
 - Notices of Intent to Rescind;
 - Notices of Intent to Termination (Regional Centers);
 - Notices of Intent to Withdraw Temporary Protected Status;
 - Motions to Reopen an N-400;
- COVID-related flexibilities to file the following ended March 23, 2023
 - I-290B Notice of Appeal
 - N-336 Request for Hearing on Decision in Naturalization Proceedings

- Temporary policy for certain foreign medical graduates during COVID-19 national emergency:
 - Effective May 11, 2020
 - Full-time work requirement-if physician is unable to work full-time due to COVID-19, they will not fail to fulfill the terms of the J-1 waiver service obligation
 - Telehealth services permissible to fulfill three-year obligation
 - Policy will cease upon the end of the public health emergency



- USCIS temporary final rule on interpreters at asylum interviews:
 - Extended until September 12, 2023
 - Asylum applicants who cannot proceed with the interview in English not required to provide interpreters at the asylum interview but use DHS-provided telephonic interpreters
 - If DHS cannot provide telephonic interpreters for the language that the applicant speaks, the applicant can bring their own interpreter
 - Delays in obtaining an interpreter due to USCIS inability to find an interpreter will not be detrimental to the applicant



- I-9 Process:
 - The I-9 flexibility temporary guidance was set to expire October 31, 2022.
 - Because of ongoing precautions related to COVID-19, DHS has <u>extended the</u> <u>Form I-9 flexibilities until July 31, 2023</u>.
 - NOTE: CA and TX limit who can complete an I-9 Form (notary public restrictions)
 - USCIS announced on May 5, 2023, it will end COVID-19 temporary flexibilities for Form I-9, Employment Verification Form on July 31, 2023.
 - US Immigration and Customs Enforcement (ICE) announced employers must complete in-person physical document inspection for employees whose documents were inspected remotely by August 30, 2023.



- Ending of Remote I-9 Completion
 - If formerly remote employee returns to on-site employment, I-9 Form must be <u>physically inspected</u> within <u>3 business days</u>
 - Otherwise, within 1 month of when I-9 flexibilities expire (August 30, 2023) all I-9 Forms remotely verified must be physically inspected
 - Alternatively, nothing precludes <u>employer from physically inspecting earlier</u> (pursuant to <u>written policy</u>)
- Untimely physical inspection for remote employees = Case-by-case penalties in audit

Process for Completion of I-9 Forms Remotely Completed Previously

- Write "Documents physically examined" with the date of the inspection and the authorized representative's initials (in red ink) to the Section 2 "Additional Information" field on the I-9 Form, or to Section 3 as appropriate
- Same documents = no additional documentation required
- Previous documents lost/unavailable = New I-9 Form with List A or B/C documents
- Same employer rep = write "COVID-19 documents physically examined on (date) by (name)" in red ink in the "Additional Information" field in Section 2
- Different employer rep = new rep should conduct new Section 2 and attach to previous I-9 Form

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 Employee terminated but within mandatory retention period = document reason for inability to inspect



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

	Last Name <i>(Fan</i> Washington	nily Name)	First Name <i>(Given Na</i> George	ame)	M.I. N/A	Citizenship/Immigration Status 2		
List A Identity and Employment Auth	OR orization	List Ident		AND		List C Employment Authorization		
Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (<i>if any</i>) (<i>mm/dd/yyy</i>		Document Title Driver's license issued by Issuing Authority Virginia Document Number 123456 Expiration Date (<i>if any</i>) (<i>i</i>		Social Issuing Social Docum 1234	Document Title Social Security card (unrestricted) Issuing Authority Social Security Administration Document Number 123456789 Expiration Date (if any) (mm/dd/yyyy)			
N/A Document Title N/A Issuing Authority		Additional Informatio	n	N/A][QR Code - Section 2 Do Not Write In This Space		
N/A Document Number N/A Expiration Date <i>(if any) (mm/dd/yyy</i> N/A	y)	Remote inspecti completed on 03						
Document Title N/A Issuing Authority N/A Document Number								
N/A Expiration Date (if any) (mm/dd/yyy N/A	y)							

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 03/30/2020 (See instructions for exemptions)

· · · · · · · · · · · · · · · · · · ·											
Signature of Employer or Authorized Repres	sentativ	e	Today's Da		dd/yyyy)	Title o	e of Employer or Authorized Representative				
Abigail Adams 0				D3/30/2020 HR M				Manager			
Last Name of Employer or Authorized Represent	tative	First Name of	Employer or	Authorize	ed Represent	tative	Employer	's Business	or Organization Name		
Adams		Abigail					Departi	ment of	Defense		
Employer's Business or Organization Addre	ss (Stre	et Number a	nd Name)	City or	Town			State	ZIP Code		
123 Independence Avenue NW				Wash:	ington			DC	20210		
									•		
Section 3. Reverification and Re	hires	(To be con	npleted and	l signed	l by emplo	yer or	authorize	d represer	ntative.)		
A. New Name (if applicable)					B. Date of			of Rehire (if applicable)			
Last Name (Family Name)	First N	ame (Given	Name)		Middle Initi	al	Date (mm/dd/yyyy)				
C. If the employee's previous grant of emplo	wment s	authorization	has expired	provide	the inform	ation fo	r the docur	nent or reco	aint that actablishes		
continuing employment authorization in the				, provide		ation ic		nenit of rece	elpt that establishes		
Document Title			Docume	Document Number					Expiration Date (if any) (mm/dd/yyyy)		
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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.											
Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative						epresentative					

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Performing physical inspection for remote I-9 employee

- If person who performed remote inspection also performs physical inspection of I-9 Form, they should:
 - Indicate <u>date</u> of physical examination with their <u>initials</u> in the "Additional Information" field
- *If document was <u>unexpired</u> at time of remote inspection, employer <u>should not request new document</u> but can simply reinspect prior List A/B&C document(s)*



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

Section 2. Employer or A (Employers or their authorized repre- must physically examine one docum of Acceptable Documents.")	esentative mu	ust d	complete and sign Section	n 2 within 3 business	days	of the e			
Employee Info from Section 1	Last Name (Washingto		nily Name)	First Name <i>(Given I</i> George	Vame,)	M.I. N/A	Citizenship/Immigration Status 2	
List A Identity and Employment Auth		OR	List Iden		AN	D		List C Employment Authorization	
Document Title			Document Title Driver's license issued by				ent Titl	e [,] card (unrestricted)	
Issuing Authority		ł		state/territory				Contraction and an and a second s	
N/A			Issuing Authority Virginia				Author		
Document Number		ŀ	Document Number		Social Security Administration Document Number				
N/A			123456		123456789				
Expiration Date (if any) (mm/dd/yyyy)			Expiration Date (if any) (mm/dd/yyyy)				ion Dat	e (if any) (mm/dd/yyyy)	
N/A							N/A		
Document Title		11							
N/A									
Issuing Authority		1	Additional Information	ı				QR Code - Section 2 Do Not Write In This Space	
N/A			Remote inspectio	on					
Document Number		1	completed on 03,	/30/2020					
N/A									
Expiration Date (if any) (mm/dd/yyy	(y)		a al (mm) 1 a						
N/A			COVID-19	. 77					
Document Title		1	Documents physi	cally					
N/A			Documents physically examined on mm/dd/yyyy						
Issuing Authority			by AA						
N/A									
Document Number									
N/A									
Expiration Date (if any) (mm/dd/yyy	(y)								
N/A									

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 03/30/2020 (See instructions for exemptions)

Signature of Employer or Authorized Repres	sentativ	e	Today's Da		(dd/yyyy)	Title o	e of Employer or Authorized Representative			
Abigail Adams			03/30/2	03/30/2020 HR M			lanager			
Last Name of Employer or Authorized Representative First Name of E				Authoriz	ed Represer	tative	Employer	's Business	or Organization Nam	ne
Adams		Abigail					Department of Defense			
Employer's Business or Organization Addre	ss (Stre	et Number a	nd Name)	City o	r Town			State	ZIP Code	
123 Independence Avenue NW				Washington					20210	
Section 3. Reverification and Re	hires	(To be com	npleted and	signe	d by emplo	oyer or	authorize	d represer	ntative.)	
A. New Name (if applicable)				B. Date of Rehire (if applicable)			plicable)			
Last Name (Family Name)	First N	ame <i>(Given l</i>	Vame)		Middle Init	ial	Date (mm/dd/yyyy)			
C. If the employee's previous grant of emplo continuing employment authorization in the s				, provid	e the inform	ation fo	r the docur	nent or rece	pipt that establishes	
Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)						<i>yy)</i>				
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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.										
Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative					epresentative					

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Performing physical inspection for remote I-9 employee

- If different person performs physical inspection of I-9 Form, they should:
 - Indicate <u>date</u> of physical examination with their <u>full name and</u> <u>title</u> in the "Additional Information" field



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

of Acceptable Documents.")						
	Last Name <i>(Fa</i> Washington		ily Name) First Name (Given Nan George			Citizenship/Immigration Status 2
List A Identity and Employment Auth	Ol	R List Identi		AND		List C Employment Authorization
Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (<i>if any</i>) (<i>mm/dd/yyy</i>		Document Title Driver's license issued by s Issuing Authority Virginia Document Number 123456 Expiration Date (if any) (n		Issuing Social Docum 1234	Security Author Secur ent Nu 56789	card (unrestricted) ity ity Administration
N/A Document Title		02/22/2022		N/A		
N/A Issuing Authority N/A Document Number N/A Expiration Date <i>(if any) (mm/dd/yyy</i> N/A	y)	Additional Information Remote inspection completed on 03/ COVID-19	/30/2020			QR Code - Section 2 Do Not Write In This Space
Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any) (mm/dd/yyy		Documents physi examined on mi by HR Manager i	cally n/dd/yyyy Betsy Ross			
N/A	<i>yı</i>					

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 03/30/2020 (See instructions for exemptions)

							of Employer or Authorized Representative			
Noigail Naams				03/30/2020 НК М			Manager			
Last Name of Employer or Authorized Representative First Name of En				Employer or Authorized Representative			Employer's Business or Organization Name			
Adams		Abigail		Department of Defense				Defense		
Employer's Business or Organization Addre	ss (Stree	et Number a	nd Name)	City o	r Town			State	ZIP Code	
123 Independence Avenue NW				Wash	ington			DC	20210	
								·	•	
Section 3. Reverification and Re	hires	(To be com	pleted and	signe	d by emplo	oyer or	authorize	d represer	ntative.)	
A. New Name (if applicable)				В			B. Date of Rehire (if applicable)			
Last Name (Family Name)	First Na	ame <i>(Given I</i>	Vame)		Middle Init	ial	Date (mm/	m/dd/yyyy)		
C. If the employee's previous grant of emplo	vment a	uthorization	has expired.	provid	e the inform	ation fo	or the docu	ment or rece	eipt that establishes	
continuing employment authorization in the									1	
Document Title			Docume	Document Number			Expiration Date (if any) (mm/dd/yyyy)			
l 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 document(s),	the doc	ument(s) I	have exam	ined a	ppear to b	e genu	ine and t	o relate to	the individual.	
Signature of Employer or Authorized Representative Today's Da			Date (mm/c	ate (mm/dd/yyyy) Name of Employer or Au			Authorized Representative			

Performing physical inspection for remote I-9 employee

- Notations for remote and subsequent physical inspections for reverifications (Section 3) should be made in "Additional Information" field in Section 2:
 - If same person performs both remote and subsequent physical inspections for reverification, write <u>date</u> of physical examination with their <u>initials</u> in the "Additional Information" field
 - If different person performs physical inspection, that person should write <u>full name and title</u> (instead of initials)



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

Employee Info from Section 1	Last Name <i>(Fa</i> Hamilton	mily Name)	First Name <i>(Given Nai</i> Alexander	me)	M.I. N/A	Citizenship/Immigration Status
List A Identity and Employment Aut	OF	R List Iden		AND		List C Employment Authorization
Document Title		Document Title		Docum	ent Titl	e
Issuing Authority		Issuing Authority		Issuing	Autho	rity
Document Number		Document Number	Document Number			
Expiration Date (if any) (mm/dd/yy	уу)	Expiration Date (if any) (mm/dd/yyyy)	Expirat	ion Da	te (if any) (mm/dd/yyyy)
Document Title						
Issuing Authority		Additional Informatio	n			QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number		Paulota in thack	tion completed			
Expiration Date (if any) (mm/dd/yy	уу)	Remote inspect on mm/dd/yyy	y Y			
Document Title						
Issuing Authority		COVID-19				
Document Number		Document phy. on mm/dd/yyy	sícally examín	ed		
Expiration Date (if any) (mm/dd/yy	ad	or mang any yyy	y Uy JA			

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): (S						See in	ee instructions for exemptions)			
Signature of Employer or Authorized Representative				Today's Date (mm/dd/yyyy) Title of Emp			of Employer	ployer or Authorized Representative		
Last Name of Employer or Authorized Represen	irst Name of	Employer or	Authoriz	ed Represer	ntative	Employer'	r's Business or Organization Name			
Employer's Business or Organization Address (Street Number and Name) City or Town							State	ZIP Code		
Section 3. Reverification and Re	ehires (To be con	pleted and	d signe	d by empl	oyer or	authorized	d represe	ntative.)	
A. New Name (if applicable)							B. Date of Rehire (if applicable)			
Last Name (Family Name)	First Nar	ne (Given i	Vame)		Middle Ini	tial	Date (mm/dd/yyyy)			
N/A	N/A				N/A		N/A			
C. If the employee's previous grant of emplo continuing employment authorization in the				, provid	e the inform	nation fo	or the docun	nent or rec	eipt that establishes	
Document Title			Docum	ent Num	nber		E	Expiration Date (if any) (mm/dd/yyyy)		
Employment Auth. Document (Form I-766)			12345	6789			(04/30/2	022	
I attest, under penalty of perjury, that the employee presented document(s),										
Signature of Employer or Authorized Repre	sentative	Today's	Date (mm/	Date (mm/dd/yyyy) Name o			e of Employer or Authorized Representative			
John Adams 04/29/2							artment of Justice			

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Remote Inspection – E-Verify

E-Verify Process for Remote I-9 Completion

- Once documents remotely inspected, employer should <u>create E-Verify case</u> for employee
 - E-Verify case should be created within 3 business days of first day of employment.
 - Use <u>hire date</u> from employee's I-9 Form when completed E-Verify case
 - If E-Verify case creation is delayed due to COVID-19 precautions, employer should select "<u>Other</u>" from drop-down list and enter "<u>COVID-19</u>" as reason for delay
- When remote employee documents physically inspected at later date:
 - Employers should <u>not create a new E-Verify case</u>
 - Employers should not update existing E-Verify case



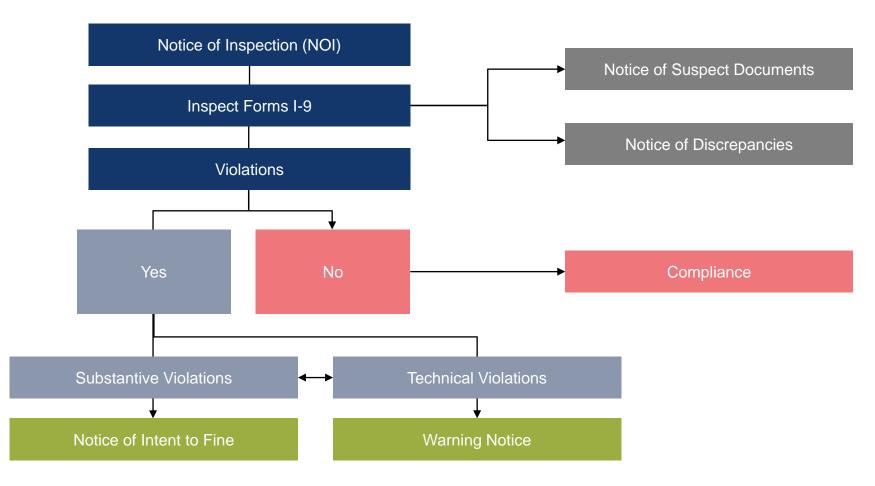
I-9 Penalties

- Civil Penalties
 - First Technical Offense \$252 to \$2,507/violation
 - Second Technical Offense \$1,161 to \$2,322/violation
 - First Knowing Violation \$627 to \$5,016/violation
 - Second Knowing Violation \$5,016 to \$12,537/violation
 - Third Knowing Violation \$5,016 to \$12,537/violation
- Criminal Penalties
 - Pattern or practice of knowing violations > criminal fines (up to \$3,000/employee) and/or six months imprisonment

Factor	Aggravating	Mitigating	Neutral
Business size	+ 5%	- 5%	+/- 0%
Good faith	+ 5%	- 5%	+/- 0%
Seriousness	+ 5%	- 5%	+/- 0%
Unauthorized Worker(s)	+ 5%	- 5%	+/- 0%
History	+ 5%	- 5%	+/- 0%
Cumulative Adjustment	+ 25%	- 25%	+/- 0%

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ANATOMY OF AN I-9 AUDIT



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I-9 Maintenance and Retention

- Employers must maintain I-9 forms for the later of the following:
 - 3 years from date of hire, or
 - 1 year after end of employment, whichever is later
- Maintain I-9 forms separate from personnel files
- Separate I-9 forms of current employees from terminated employees
- Attach supporting documents to I-9 form if company has policy of making copies
 - Must be uniformly applied
 - Enables an employer to correct I-9 Forms if issues identified
- I-9 forms can be stored at headquarters, individual offices, or electronically
- Store I-9 forms so they can be made available within 3 business days in an I-9 audit

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I-9 Compliance Best Practices

- Designate a central I-9 Administrator
- Establish a written I-9 policy
- Have legal counsel conduct internal I-9 audit
- Prepare new I-9 forms for employees with missing/no I-9 forms on file
- Standardized annual trainings for all employees, new hires



I-9 Compliance Best Practices

- Correct all errors where possible
 - Use a different color pen
 - Strike out errors with a single line; Never use white-out
 - Correct, initial, note reason (e.g., "per audit on _____")
- Never backdate I-9 corrections
- Consider maintaining copies of I-9 supporting documents to avoid substantive I-9 fines



I-9 Audit Best Practices

- Designate a central point of contact for initial communication with ICE/HSI
- Centralize I-9 retention and retain separately
- Contact legal counsel
- Employers have three business days to present the I-9s
- Make copies of all communication/ documentation provided to ICE



Types of Worksite Enforcement

- Department of Homeland Security(DHS)/Homeland Security Investigations (HSI)
 - Criminal Activities: Alien smuggling, human trafficking, money laundering, document fraud, worker exploitation and/or substandard wage and working conditions
 - Administrative enforcement against undocumented immigrants/employees
- DHS/USCIS
 - Fraud Detection National Security Investigations: H-1B, H-2, L-1, R-1, F-1 STEM OPT



Types of Worksite Enforcement (continued)

- DOJ Immigrant and Employee Rights Division
 - Discriminatory hiring patterns (preference for/against immigrant employees, reverifying LPRs, etc.)
- DOL
 - LCA Investigations
 - Wage and Hour Division

Establish a worksite enforcement action plan

- Designate a company representative who will be point of contact with government until counsel is contacted
- Provide legal counsel's contact information
- Establish internal communication plan
- Communicate/role-play worksite enforcement plan to employees on the front line (i.e., receptionists, administrative assistants, etc...)

Know your rights as an employer

- Inform ICE/DOL/USCIS you have legal counsel call legal counsel immediately
- Take investigators to a private meeting/conference room
- Investigators should present search warrant to enter non-public areas and to access company information
- Carefully review search warrant
- You have the right to respectfully object to an investigator's request

Know your rights as an employer (continued)

- Employees have the right to have counsel before speaking to investigators
- Inform employees they have the right to choose to speak or not speak with investigators
- Do not tell employees not to speak to investigators; it is their choice to make
- Do not tell employees to hide or leave the premise



Immigration Enforcement – Labor Condition Application (DOL)

LCA posting

• Electronic posting vs. Physical Posting

LCA public access folders retention

- For a period of one year beyond the last date of employment of H-1B worker under the LCA, or
- If the employer did not employ <u>any</u> H-1B workers under the LCA, one year from the date the LCA expired or from the date it was withdrawn

Payroll records - retain for three years form their creation.



Immigration Enforcement – PERM Audits (DOL)

PERM Audit Files:

• Retain for five years from the date of filing

The future of PERM Audits:

• New ETA 9089 Form



Contact Information



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Thank you!



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