

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 02/23/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015054135328SH**

**Case Information:****Employee Information:**

Last Name:	Haro	First Name:	Naima
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 6631	Date of Birth:	02/23/1995
Citizenship Status:	A citizen of the United States	Email Address:	
<b>Document Information:</b>			
List A Document:	U.S. Passport or Passport Card		
Passport or Passport Card Number:	449930694	Document Expiration Date:	01/10/2016
Alien Number:		I-94 Number:	
<b>Additional Information:</b>			
Hire Date:	02/23/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KRIT3361	Submitted On:	02/23/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
 Submitted By: Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result: Response Date:

**Photo Matching Results:**

Determination:

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Haro, Naïma Mohamed

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Pass Port</u>		Document Title:		Document Title:
Issuing Authority: <u>United States of America</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>U1093064</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>01/10/2016</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write In This Space**

**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): 02/23/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Naïma M. Haro</u>		Date (mm/dd/yyyy) <u>02/23/2015</u>	Title of Employer or Authorized Representative	
Last Name (Family Name) <u>Ritter</u>		First Name (Given Name) <u>Naïma</u>	Employer'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 Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

