E-Verify Case Creation Confirmation

Employee Name:

[   ]

Employee Social Security Number:

[   ]

Case Number:

[   ]

Date Submitted:

[   ]

Employer Name:

[   ]

Case Creation Details

Field	Information
Case Status	[ ]
Created By	[ ]
Time Stamp	[ ]

Thank you for using the E-Verify system. Please keep this confirmation for your records.