ለቢዝነስ ባለቤቶች እና ለአሰሪዎች መብቶቻቸውን የማወቅ ስልጠና

Adam Boyd (አዳም ቦይድ)፣ ማኔጂንግ ፓርትነር እና
Breanne Johnson (ብሪያን ጆንሰን)፣ ከፍተኛ ጠበቃ

ዓላማዎች እና ግቦች

GIBBSHOUSTONPAUW
COMPREHENSIVE IMMIGRATION ADVOCACY

1) በድንገተኛ የICE ወረራ / አዲት ወቅት ምን እንደሚፈጠር መረዳት

2) በድንገተኛ የICE ወረራ ወይም አዲት ወቅት የአሰሪ እና የሰራተኛ መብቶችን መረዳት

3) የICE ድንገተኛ ወረራ ምላሽ እቅድ ለመገንባት የሚያስችሉ መሳሪያዎችን እና እውቀትን ማግኘት

4) የI-9 አዲት ምርጥ አሠራሮች

5) የታዳሚዎች ጥያቄ እና መልስ

የICE ድንገተኛ ወረራ ምንድን ነው?

የኢሚግሬሽን እና የጉምሩክ ሥርዓት አስከባሪ (ICE) ድንገተኛ ወረራ ማለት መኮንኖች ግለሰቦችን ለመያዝ፣ ማስረጃ ለመሰብሰብ ወይም ከኢሚግሬሽን ወይም የወንጀል ምርመራ ጋር የተያያዙ ማዘዣዎችን ለመፈጸም ወደ የስራ ቦታ ወይም ሌላ ቦታ ሊገቡ የሚችሉበት የኢሚግሬሽን ማስፈጸሚያ ኦፕሬሽን ነው።

• **የጣቢያ ጉብኝት ወይም የማስፈጸሚያ እርምጃ፦** መኮንኖች ወደ ቢዝነስ ወይም የስራ ቦታ ይደርሳሉ።

•**ማዘዣዎችን ወይም ሰነዶችን ሊያካትት ይችላል፦** አስተዳደራዊ ወይም የፍርድ ቤት ማዘዣዎች ሊቀርቡ ይችላሉ።

•**ጥያቄዎችን ወይም እስራትን ሊያካትት ይችላል፦** ሰራተኞች ሊጠየቁ ወይም ሊታሰሩ ይችላሉ።

*እያንዳንዱ የICE ግንኙነት ድንገተኛ ወረራ አይደለም— አንዳንዶቹ አዲቶች (ለምሳሌ የI-9 ምርመራዎች)፣ እስራት ወይም በስምምነት የሚደረጉ ግንኙነቶች ናቸው

ማን ነው የሚመጣው?

1) ICE ወይም ፖሊስ የሚል ጽሁፍ ያለበት ዩኒፎርም የለበሱ የICE ወኪሎች
2) የIRS የወንጀል ምርመራ መኮንኖች

3) ዩኒፎርም የለበሱ የFBI ወኪሎች

የICE ድንገተኛ ወረራ ዝርዝር

- (ICE) ምርመራ ይጀምራል
- (ICE) ICE ይደርሳል
- (አሰሪ) ማዘዣውን ይገመግማል
- (ICE) ወኪሎች ፍተሻ እና ምርመራ ያካሂዳሉ
- (ICE) እሥራት ወይም ቁጥጥር ሥር ማዋል ሊኖር ይችላል
- (አሰሪ) የተፈጠረውን ነገር ይመዘግባል
- (አሰሪ) ጠበቃን ያነጋግራል እና ምላሽ ይሰጣል

ደረጃ አንድ፡- የICE ድንገተኛ ወረራ ብዙውን ጊዜ ወኪሎች ከመድረሳቸው ከረጅም ጊዜ በፊት ይጀምራል

1. የማስፈጸሚያ ቅድመ-ምርመራ (ወኪሎች ከመድረሳቸው በፊት)

- ICE በማንኛውም የቦታው ላይ እርምጃ ከመውሰዱ በፊት ምርመራ ሊያካሂድ ይችላል፣ ይህም የሚከተሉትን ያጠቃልላል፡-
  - ጥቆማዎችን (መረጃዎችን) ወይም ቅሬታዎችን መገምገም
  - ክትትል ማድረግ
  - የስራ/መቀጠር መዝገቦችን (እንደ I-9 ያሉ) ኦዲት ማድረግ
  - ከሌሎች ኤጀንሲዎች ጋር ማስተባበር
  - የፍርድ ቤት ማዘዣ፣ የአስተዳደር ማዘዣ ወይም የፍተሻ ፈቃድ ማግኘት (የሚመለከተው ከሆነ)

ደረጃ ሁለት፡- ይረጋጉ እና ሰነዶችን እንዲያሳዩ ይጠይቁ

2. የICE ወኪሎች ወደ ንግድ ተቋሙ መድረስ

ወኪሎች አስቀድመው ሳያሳውቁ ይደርሳሉ እና፡-

- ራሳቸውን እንደ የፌዴራል መኮንኖች ያስተዋውቃሉ
- ወደ የስራ ቦታው ለመግባት ይሞክራሉ
- ማዘዣ ወይም ሌላ ሰነድ ያቀርባሉ
- ከአስተዳደር ወይም ከባለቤቱ ጋር ለመነጋገር ይሞክራሉ
- መግቢያዎችን ይጠብቃሉ ወይም እንቅስቃሴን ይገድባሉ

ቁልፍ ዓላማ፡- *ምን ዓይነት ሰነድ እንዳለቸው* ይለዩ (የፍርድ ቤት ማዘዣ ወይስ አስተዳደራዊ ማዘዣ ወይስ የፍተሻ ማስታወቂያ)።

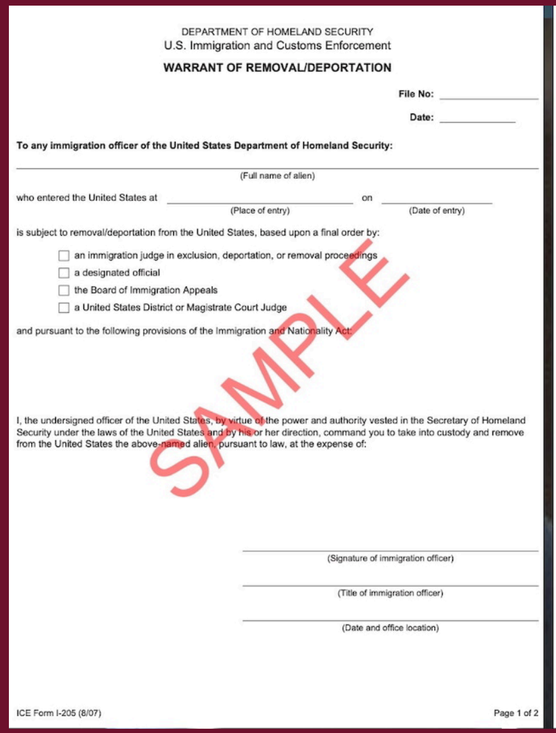
ወደ ውስጥ እንዳይገቡ የመከልከል መብትዎን ይወቁ

1) በሀገር ውስጥ ደህንነት መምሪያ ሳይሆን በፍርድ ቤት የተሰጠ

2) በእውነተኛ ዳኛ የተፈረመ

3) ሊፈተሽ የሚገባውን ቦታ እና የሚያዙትን ዕቃዎች በበቂ ሁኔታ የሚገልጽ

የፍርድ ቤት ማዘዣ ምንድን ነው?



DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

WARRANT OF REMOVAL/DEPORTATION

File No: _____

Date: _____

To any immigration officer of the United States Department of Homeland Security:

_____
(Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an immigration judge in exclusion, deportation, or removal proceedings
- ☐ a designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homeland Security under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:

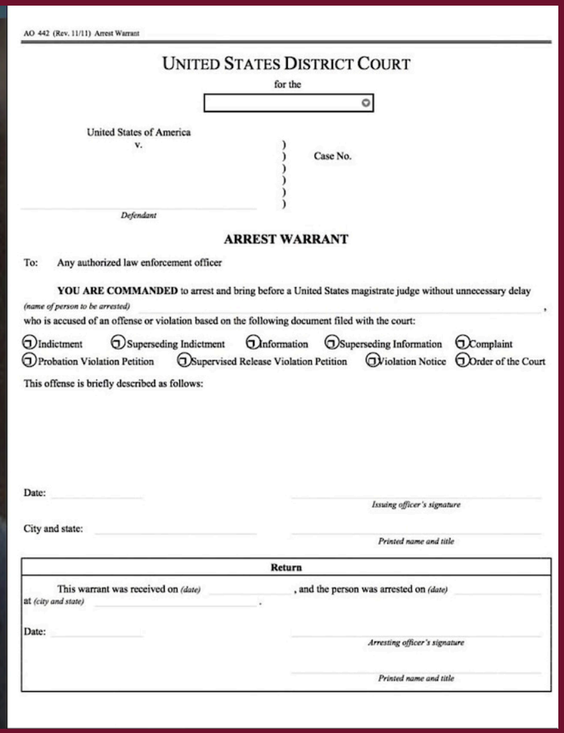
SAMPLE

_____
(Signature of immigration officer)

_____
(Title of immigration officer)

_____
(Date and office location)

ICE Form I-205 (8/07) Page 1 of 2



AO 442 (Rev. 11/11) Arrest Warrant

UNITED STATES DISTRICT COURT
for the
_____

United States of America
v.
_____
Defendant

Case No.

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) _____,
who is accused of an offense or violation based on the following document filed with the court:

☐ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Date: _____
Issuing officer's signature

City and state: _____
Printed name and title

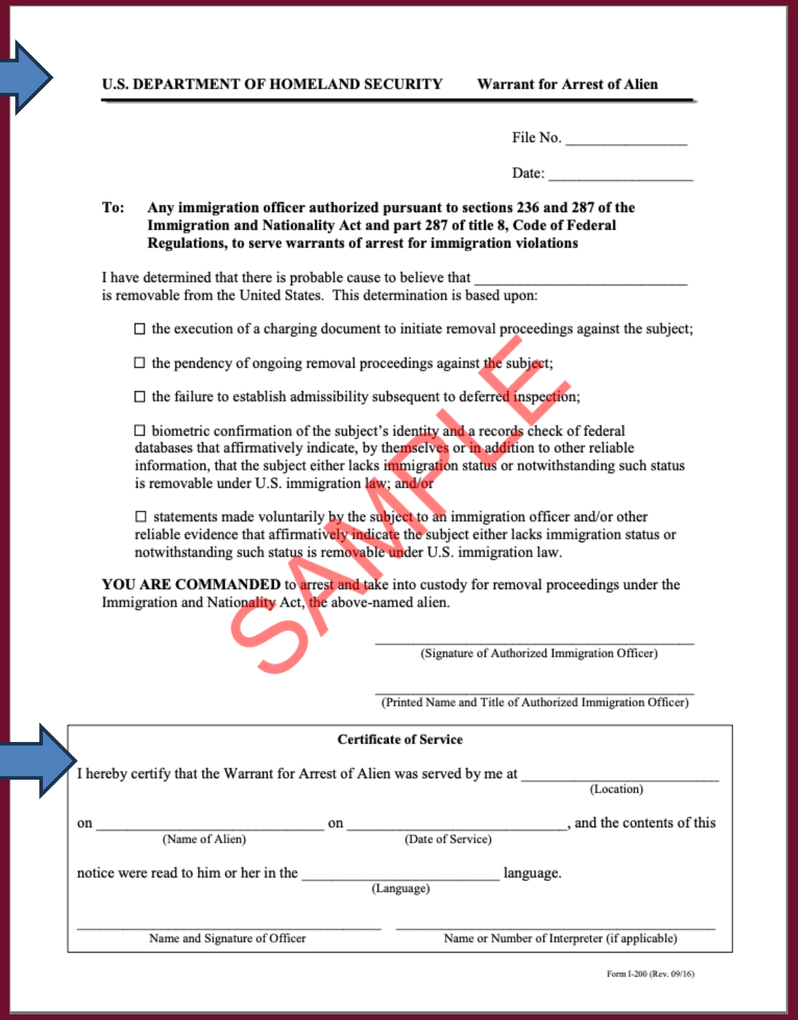
Return

This warrant was received on *(date)* _____, and the person was arrested on *(date)* _____
at *(city and state)* _____.

Date: _____
Arresting officer's signature

Printed name and title

DHS ፍርድ ቤት አይደለም



U.S. DEPARTMENT OF HOMELAND SECURITY **Warrant for Arrest of Alien**

File No. _____

Date: _____

To: **Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations**

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

☐ the execution of a charging document to initiate removal proceedings against the subject;

☐ the pendency of ongoing removal proceedings against the subject;

☐ the failure to establish admissibility subsequent to deferred inspection;

☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or

☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

_____
(Signature of Authorized Immigration Officer)

_____
(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____ (Location)

on _____ (Name of Alien) on _____ (Date of Service), and the contents of this notice were read to him or her in the _____ (Language) language.

_____ Name and Signature of Officer

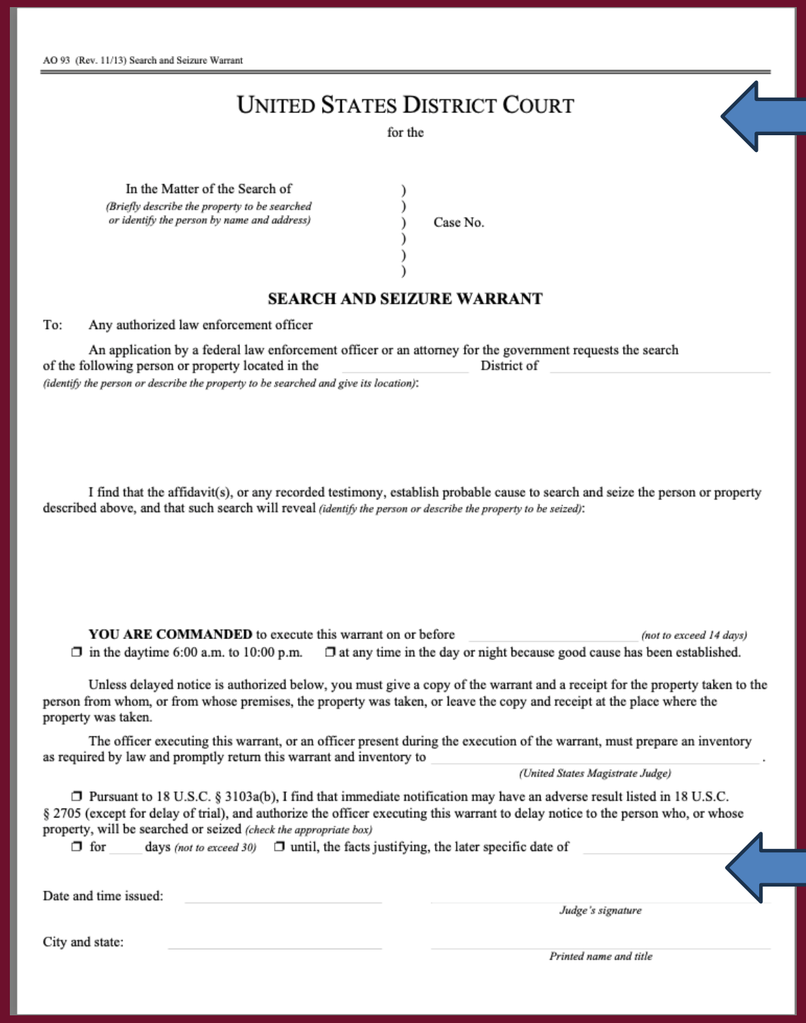
_____ Name or Number of Interpreter (if applicable)

Form I-200 (Rev. 09/16)

SAMPLE

የስደተኞች መከንኖች ዳኞች አይደሉም

በፍርድ ቤት የተሰጠ መሆን አለበት



AO 93 (Rev. 11/13) Search and Seizure Warrant

UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of
(Briefly describe the property to be searched or identify the person by name and address)
) Case No.

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(identify the person or describe the property to be seized):*

YOU ARE COMMANDED to execute this warrant on or before _____ *(not to exceed 14 days)*
❒ in the daytime 6:00 a.m. to 10:00 p.m. ❒ at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

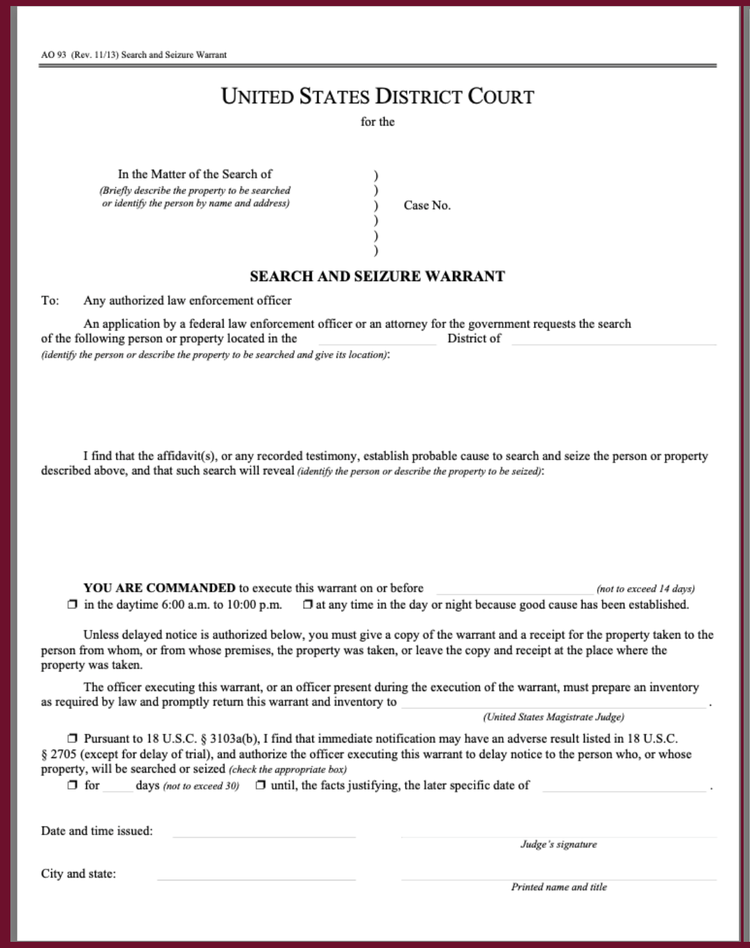
The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____ .
(United States Magistrate Judge)

❒ Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized *(check the appropriate box)*
❒ for ____ days *(not to exceed 30)* ❒ until, the facts justifying, the later specific date of _____

Date and time issued: _____ _____
Judge's signature

City and state: _____ _____
Printed name and title

በዳኛ መፈረም አለበት



AO 93 (Rev. 11/13) Search and Seizure Warrant

UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of
(Briefly describe the property to be searched or identify the person by name and address)
) Case No.

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(identify the person or describe the property to be seized)*:

YOU ARE COMMANDED to execute this warrant on or before _____ *(not to exceed 14 days)*
❒ in the daytime 6:00 a.m. to 10:00 p.m. ❒ at any time in the day or night because good cause has been established.

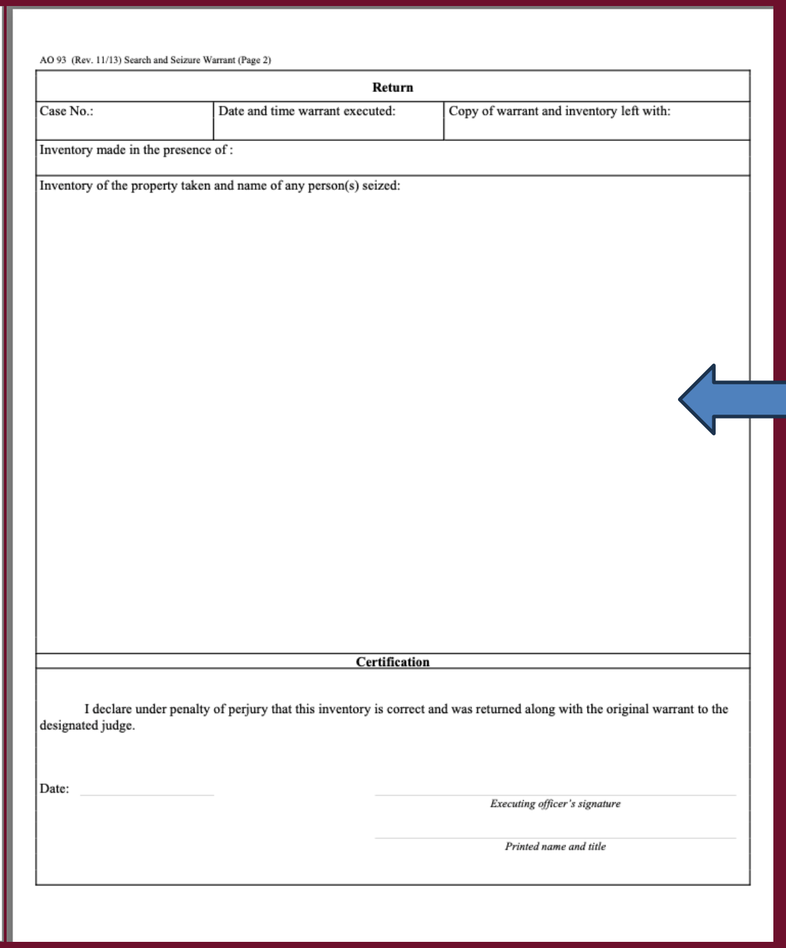
Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____.
(United States Magistrate Judge)

❒ Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized *(check the appropriate box)*
❒ for ____ days *(not to exceed 30)* ❒ until, the facts justifying, the later specific date of _____.

Date and time issued: _____
Judge's signature

City and state: _____
Printed name and title



AO 93 (Rev. 11/13) Search and Seizure Warrant (Page 2)

Return

Case No.:	Date and time warrant executed:	Copy of warrant and inventory left with:
Inventory made in the presence of :		
Inventory of the property taken and name of any person(s) seized:		

Certification

I declare under penalty of perjury that this inventory is correct and was returned along with the original warrant to the designated judge.

Date: _____
Executing officer's signature

Printed name and title

ማዘዣው ሁለት ገጾች አሉት

ገጽ 1ን ካረጋገጡ በኋላ፣ በገጽ 2 ላይ የተገለጹት ቦታዎች፣ ዕቃዎች እና ሰዎች ጋር ብቻ እንዲደርሱ መገደቡን ያረጋግጡ

ደረጃ ሶስት፡- ማዘዣውን ይገምግሙ ወይም ፈቃድዎን ይከልክሉ

3. ማዘዣውን መገምገም / መብቶችን ማስከበር

በዚህ ደረጃ፣ አሰሪው በተለምዶ የሚከተሉትን ማድረግ አለበት፡-

- የማዘዣውን ቅጂ ይጠይቁ
- ወሰኑን ይገምግሙ (የሚመለከታቸው ቦታዎች፣ የሚፈለጉ ዕቃዎች፣ የተጠቀሱ ግለሰቦች)
- ወዲያውኑ የህግ አማካሪ ያግኙ
- ከወኪሎች ጋር የሚገናኝ ዋና ሰው ይሹሙ ወይም ያንቀሳቅሱ
- ከተፈቀደው በላይ ለሚደረጉ ፍተሻዎች ፈቃድ አይስጡ

ደረጃ አራት፡- ፍተሻ - ቃለ መጠይቆች - መያዝ - ማሰር

4. በስራ ቦታው ውስጥ ፍለጋ ወይም የማስፈጸም እንቅስቃሴ እና የሰራተኞች መገናኘት እና ሊሆኑ የሚችሉ እስሮች- ወኪሎች የሚከተሉትን ሊያደርጉ ይችላሉ፡-

- የተገለጹ ቦታዎችን መፈተሽ
- መዝገቦችን መጠየቅ
- ሰራተኞችን መጠየቅ
- የታለሙ ግለሰቦችን ማሰር
- ሰነዶችን ወይም የኤሌክትሮኒክስ መሳሪያዎችን መያዝ
- ማስረጃዎችን ፎቶግራፍ ማንሳት ወይም ዝርዝር መያዝ
- ሰራተኞችን መለያየት
- አስተዳደሩ ጣልቃ እንዳይገባ ማዘዝ
- ሌሎች የህግ አስከባሪዎችን ወደ ግቢው መጋበዝ

ICE ትክክለኛ ማዘዣ ቢኖረውስ?

በአሰሪው የሚወሰዱ እርምጃዎች

1) በተቋሙ ውስጥ ICEን ለማስተዳደር አንድ ዋና ግንኙነት ሰው ይሰይሙ

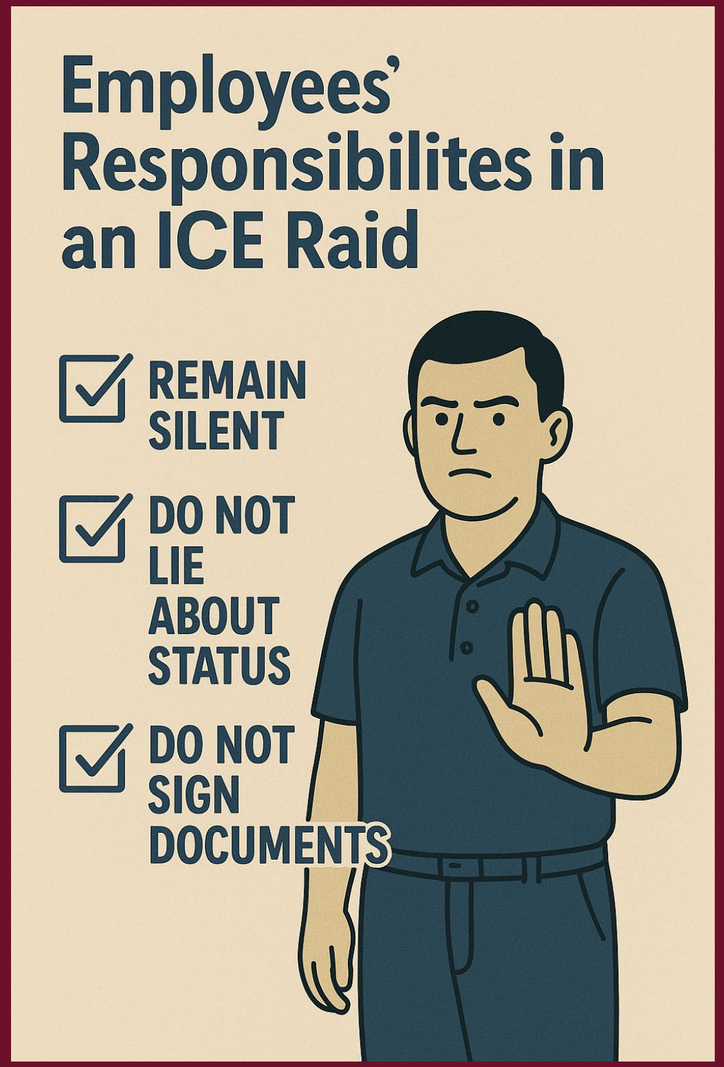
- ሰራተኞች የመውጣት ነፃነት እንዳላቸው ICEን ይጠይቁ
- ለአደጋ ጊዜ መውጣት ሊያስፈልጋቸው ለሚችሉ ሰራተኞች ማስተባበር
- ምላሽ ለመስጠት ጠበቃ ወይም የአካባቢ ድርጅት ጋር ይደውሉ
- ለሚመለከታቸው ሰራተኞች ቤተሰብ ያሳውቁ

2) ICE በማዘዣው የተፈቀደለት ቦታዎች ውስጥ ብቻ መግባቱን ያረጋግጡ

- ምናልባት ችላ ሊሉዎት ይችላሉ፣ ነገር ግን ተቃውሞዎን ማስታወስዎን ይቀጥሉ
- ሁኔታውን ይቅረጹ ወይም ማስታወሻ ይያዙ፣ እየተቀረጹ መሆናቸውን ያሳውቋቸው
- ሚስጥራዊ መረጃዎች የተጠበቁ መሆናቸውን ያረጋግጡ፣ ኮምፒውተሮችን፣ የሰራተኛ መዝገቦችን እና ሌሎች ዳታቤዞችን ያጥፉ እና ይቆልፉ

3) ሰራተኞች ከICE እንዲያመልጡ ወይም እንዲደበቁ ለመርዳት አይሞክሩ

4) ሰራተኞች ዝም የማለት መብት እንዳላቸው ያስታውሷቸው



ICE ትክክለኛ ማዘዣ ቢኖረውስ?

በሰራተኞች የሚወሰዱ እርምጃዎች

1) ዝም ይበሉ- ከICE ጋር አይነጋገሩ። እነሱ የእርስዎ ወዳጅ አይደሉም

2) ሲናገሩ ጠበቃ ለማነጋገር ለመጠየቅ ብቻ ይሁን

3) የውሸት ሰነዶችን አይያዙ ወይም አያቅርቡ

4) የኤሌክትሮኒክ መሣሪያዎችዎ ባዮሜትሪክ ባልሆነ የይለፍ ቃል መቆለፋቸውን ያረጋግጡ። በእጅዎ ማስገባት ያለብዎት ነገር

5) ምንም ነገር አይፈርሙ

የተለመዱ የICE ስልቶች

1) የI-9 ኦዲት እንደሚያደርጉ ማስፈራራት

2) ማዘዣውን የማየት መብት እንደሌልዎት መናገር

3) ሊፈተሽ የሚገባውን ቦታ የማይገልጽ ማዘዣ ማቅረብ እና ሁሉንም ቦታ መፈተሽ እንደሚችሉ መናገር

4) ከተባበሩ እንደሚራሩልዎት መንገር

5) የተወሰነ ዜግነት ያላቸውን ሁሉ በአንድ በተጠቀሰ ቦታ እንዲቆሙ መንገር

6) ጊዜያዊ የተጠበቀ ሁኔታ ያላቸውን ሁሉ እጃቸውን እንዲያነሱ መጠየቅ

በICE ድንገተኛ ወረራ ወቅት ተመልካች ከሆኑ ምን ማድረግ እንዳለብዎ

1. ረጋ ይበሉ እና ደህንነቱ የተጠበቀ ርቀት ይጠብቁ
2. ይከታተሉ እና ይመዝግቡ
3. ደህንነቱ የተጠበቀ ከሆነ፣ ይቅዱ እና እየቀዱ ስለሁኔታው ይናገሩ። በሕዝብ ቦታዎች ላይ የሕግ አስከባሪዎችን ድርጊቶች ለመቅረጽ በመጀመሪያው አሜንድመንት የተረጋገጠ መብት አልዎት ።
4. የሕግ ድጋፍ ወይም ፈጣን ምላሽ አውታሮችን ያነጋግሩ

<u>የሚከተሉትን አያድርጉ፡-</u>

በሁኔታው ውስጥ ጣልቃ አይግቡ ወይም አያባብሱ
አንድ መኮንንን አይንኩ፣ አይግፉ ወይም አይምቱ
አይሸሹ፣ ከለቀቁ፣ በረጋ መንፈስ ይራመዱ
ያስታውሱ፡- የICE ወኪል ጥፋት በጎዳና ላይ ሊገዳደር አይችልም

የተቀሰሙ ትምህርቶች

1. ለICE ድንገተኛ ወረራ እቅድ ይኑርዎት። ይለማመዱት። ሁሉም ሰው ምን ማድረግ እንዳለበት ማወቁን ያረጋግጡ። ልክ እንደ የእሳት አደጋ ልምምድ።
2. ማዘዣ ይጠይቁ። ማዘዣውን ይፈትሹ። የማዘዣውን ገደቦች ያስፈጽሙ።
3. ክስተቱ በሚፈጠርበት ጊዜ ይመዝግቡ እና ይቅረጹ።
4. ትክክለኛ የሆኑ የፍርድ ቤት ማዘዣዎችን ያክብሩ። በሕግ ከተፈለገው በላይ ለፍተሻ ወይም ለጥያቄዎች ፈቃድ አይስጡ።
5. መብቶችዎን ያስከብሩ፣ ነገር ግን ጣልቃ አይግቡ ወይም አይደበቁ ወይም ማንም እንዲያመልጥ አይርዱ።
6. ለንግድዎ እና ለሰራተኞችዎ ይሟገቱ።

የስደተኛ ሰራተኞች ጥበቃ ሕግ (HB 2105, 2025–26)

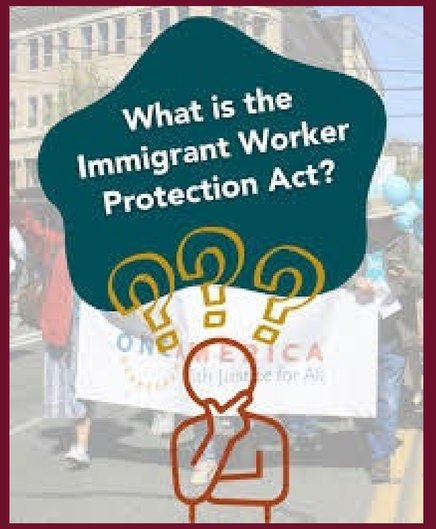
ዓላማ፦ ለሰራተኞች ጥበቃ ያደርጋል እና በፌዴራል የኢሚግሬሽን ተዛማጅ የሥራ ቦታ ምርመራዎች ወቅት የአሰሪዎችን ኃላፊነት ያብራራል።

ቁልፍ የአሰሪ ግዴታዎች፦

- **ማሳወቂያ ማቅረብ፦** የፌዴራል I-9 ምርመራ ከተጀመረ ሰራተኞችን የማሳወቅ ግዴታ
- **ውጤቶችን ማጋራት፦** የሚመለከታቸው ሰራተኞችን የምርመራ ግኝቶች የማሳወቅ ግዴታ።
- **የመብቶች መረጃ ማሰራጨት፦** ስለ ሰራተኛ መብቶች እና የሕግ ሀብቶች ማሳወቂያዎችን የመስጠት ግዴታ።
- **ትክክለኛውን ሕጋዊ ሂደት መከተል፦** ያለ ማዘዣ ወይም የፍርድ ቤት ትዕዛዝ (subpoena) ወደ ህዝብ ላልሆኑ ቦታዎች ወይም የሰራተኛ መዝገቦች መዳረሻ አለመስጠት።
- **ምንም ዓይነት የበቀል እርምጃ የለም፦** ሰራተኞች መብታቸውን ስለጠየቁ አለመቅጣት ወይም የበቀል እርምጃ አለመውሰድ።

ሕጉ የማያደርገው ነገር:

- የፌዴራል ኢሚግሬሽን አፈፃፀምን አይከለክልም
- የፌዴራል I-9 ተገዢነት መስፈርቶችን አያስወግድም
- ትክክለኛ ማዘዣዎችን ማደናቀፍ አይፈቅድም



ICE እና የI-9 አዲቶች

ICE - የኢሚግሬሽን እና የጉምሩክ ሥርዓት አስከባሪ

የI-9 አዲት እንዴት ይከናወናል?

እርምጃ 1፡- የፍተሻ ማስታወቂያ

እርምጃ 2፡- የግምገማ ጊዜ

እርምጃ 3፡- ግኝቶች

እርምጃ 4፡- ቅጣቶች እና ማዕቀቦች

የ I-9 አዲት ማዘዣ ይፈልጋል?

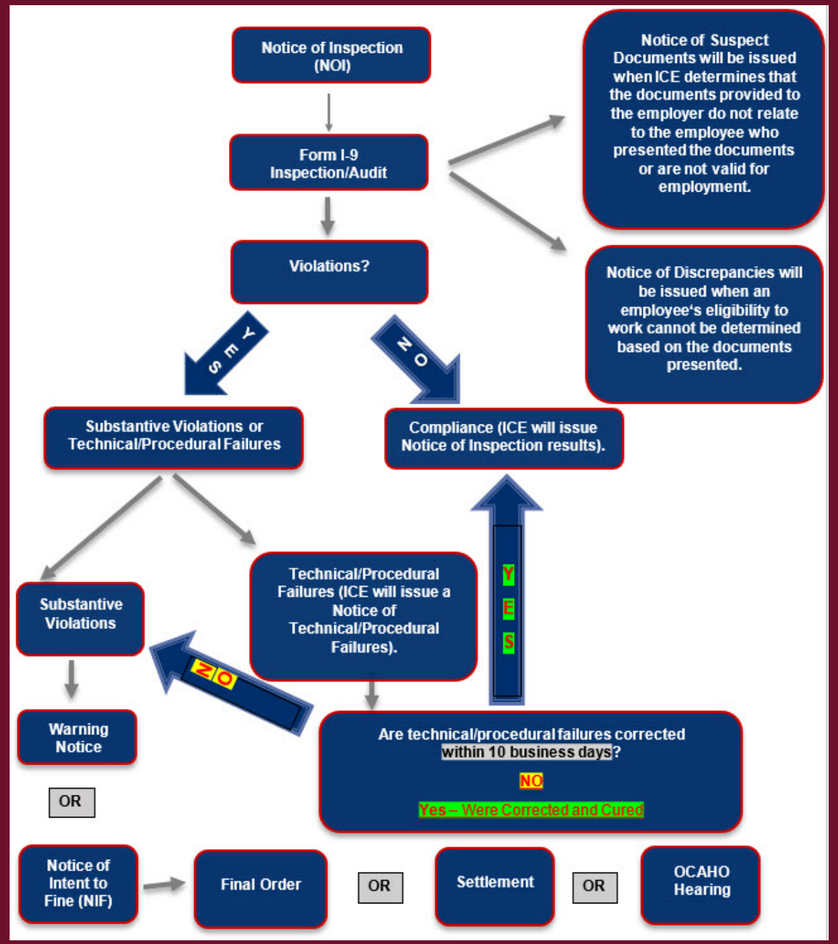
- I-9ዎችን ለመመርመር ማዘዣ ወይም የፍርድ ቤት ትዕዛዝ (subpoena) **አያስፈልግም**
- አሰሪዎች I-9ዎችን ለመስጠት ቢያንስ 3 ቀናት ሊሰጣቸው ይገባል
- የICE ወኪሎች በማዘዣ ድንገተኛ ወረራ እያደረጉ ከሆነ እና I-9ዎችን ለመመርመር ከፈለጉ፣ I-9ዎቹ በማዘዣው ውስጥ መጠቀሳቸውን ያረጋግጡ

በI-9 አዲት ወቅት ምን ሰነዶች ሊመረመሩ ይችላሉ?

- ቅጽ I-9
- የተያዙ ማናቸውም ከዝርዝር A፣ B ወይም C ደጋፊ ሰነዶች
- የአዲት ሂደት ማስረጃ (I-9ዎች በኤሌክትሮኒክ መንገድ ከተቀመጡ)
- የሰራተኞች ዝርዝር፣ የደመወዝ መዝገቦች፣ የድርጅት ሰነዶች
- ሌሎች የኢሚግሬሽን ሰነዶች (ማጽደቂያዎች፣ የደመወዝ ሰነዶች፣ ወዘተ.)
- የግብር መዝገቦች እና ተዛማጅ ሰነዶች

የI-9 አዲት ሊሆኑ የሚችሉ ውጤቶች

- የፍተሻ ውጤቶች ማስታወቂያ/የተገዢነት ደብዳቤ
- የተጠረጠሩ ሰነዶች ማስታወቂያ
- የመረጃ ልዩነቶች ማስታወቂያ
- የጥሰቶች ማስታወቂያ
- የማስጠንቀቂያ ማስታወቂያ
- የቅጣት ዓላማ ማስታወቂያ



የአሰሪ ቅጣቶች

- በ I-9 አዲት ወቅት ሊስተካከሉ **<u>የማይችሉ</u>** ዋና ዋና ስህተቶች፣ በአሰሪዎች ላይ **<u>በእያንዳንዱ ቅጽ ጥሰት ከ$288 እስከ $2,861 የሚደርስ ቅጣት</u>** ያለው ከፍተኛ የገንዘብ ቅጣት ያስከትላሉ።

<u>የተቀሰሙ ትምህርቶች፡-</u>

- ቅጽ I-9ን በውስጥ አዲት ማድረግ አዲት በሚኖርበት ጊዜ ሊኖር የሚችለውን ተጋላጭነት ለመቀነስ ይረዳል።
- ቅጽ I-9ን በአግባቡ አለማዘጋጀት አሰሪዎችን ለከፍተኛ የፍትሐ ብሔር እና የወንጀል ቅጣቶች ሊያጋልጥ ይችላል።

2025-2026 የI-9 የቅጣት ዝርዝር (ለእያንዳንዱ ጥሰት)

- **ዋና/የወረቀት ስራ ጥሰቶች፡-** $288 – $2,861 (ቀደም ሲል ቴክኒካዊ ስህተቶች ነበሩ፣ አሁን ዋና ናቸው)።

- **አንድ ሰራተኛ ፈቃድ እንደሌለው እያወቁ መቅጠር (1ኛ ጥሰት)፡-** $716 – $5,724።

- **አንድ ሰራተኛ ፈቃድ እንደሌለው እያወቁ መቅጠር (2ኛ ጥሰት)፡-** $5,724 – $14,308።

- **አንድ ሰራተኛ ፈቃድ እንደሌለው እያወቁ መቅጠር (3ኛ+ ጥሰት)፡-** $8,586 – $28,619።

- **የ E-Verify የመጨረሻ አለማረጋገጫን አለማሳወቅ፡-** $973 – $1,942።

የ I-9 ፖሊሲ እና የአዝማሚያ ዝመናዎች

በማርች 2026፣ የአሜሪካ ኢሚግሬሽን እና የጉምሩክ አፈፃፀም (ICE) በቅጽ I-9 ላይ ባሉ ዋና እና ቴክኒካዊ ጥሰቶች ላይ የነበረውን የ30 ዓመት ገደማ መመሪያ ለውጧል

General Form I-9 Violations		
Category	**Substantive Violations**	**Technical or Procedural Failures**
Form Preparation	Failure to prepare the Form I-9.	Failure to use a version of the Form I-9 that is current at the time any part of the form is initially completed.
Inspection Presentation	Failure to present the Form I-9 for inspection upon request (8 C.F.R. § 274a.2(b)(3)).	—
Timeliness	Failure to ensure the timely preparation of Section 1 and/or failure to timely prepare Section 2 (and/or Supplement B, if applicable).	—
Spanish-Language Version	Completion of a Spanish-language version of the Form I-9 outside of Puerto Rico.	—
Electronic Standards	Failure to meet the standards for electronic completion, retention, documentation, security, reproduction, and electronic signatures as set forth in 8 C.F.R. § 274a.2(e)–(i).	—

Section 1 Violations		
Category	**Substantive Violations**	**Technical or Procedural Failures**
Name and Date of Birth	Failure to ensure the employee completes his or her printed or typed legal name and date of birth.	—
Other Last Names / Address	—	Failure to ensure an individual provides other last names used (if any) or a physical address in Section 1 (missing email or phone number does not constitute a violation).
Citizenship/Immigration Status Attestation	Failure to ensure the employee checks only one box attesting to citizenship status (U.S. citizen, noncitizen national, LPR, or alien authorized to work).	—
Alien Registration Number (LPR)	Failure to ensure the employee completes the Alien Registration Number/USCIS Number field next to “A lawful permanent resident.”	—

ጥያቄዎች?

I-9
አጠቃላይ እይታ

01 የሰራተኛ መረጃ

02 ተቀባይነት ያላቸው የሰነዶች ምሳሌዎች

03 የአሰሪ ማረጋገጫ

04 የአዘጋጅ እና የተርጓሚ ማረጋገጫ

05 እንደገና ማረጋገጥ

ክፍል 1፡- ሰራተኛው የሚሞላው

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

- ሰራተኛው በመጀመሪያው የስራ ቀን መጨረሻ ማጠናቀቅ አለበት
- ሙሉ የመጀመሪያ እና የአያት ስም
- ሌሎች የአያት ስሞች
- ሶሻል ሴክዩሪቲ ቁጥር (SSN)?
- የኢሜል አድራሻ?

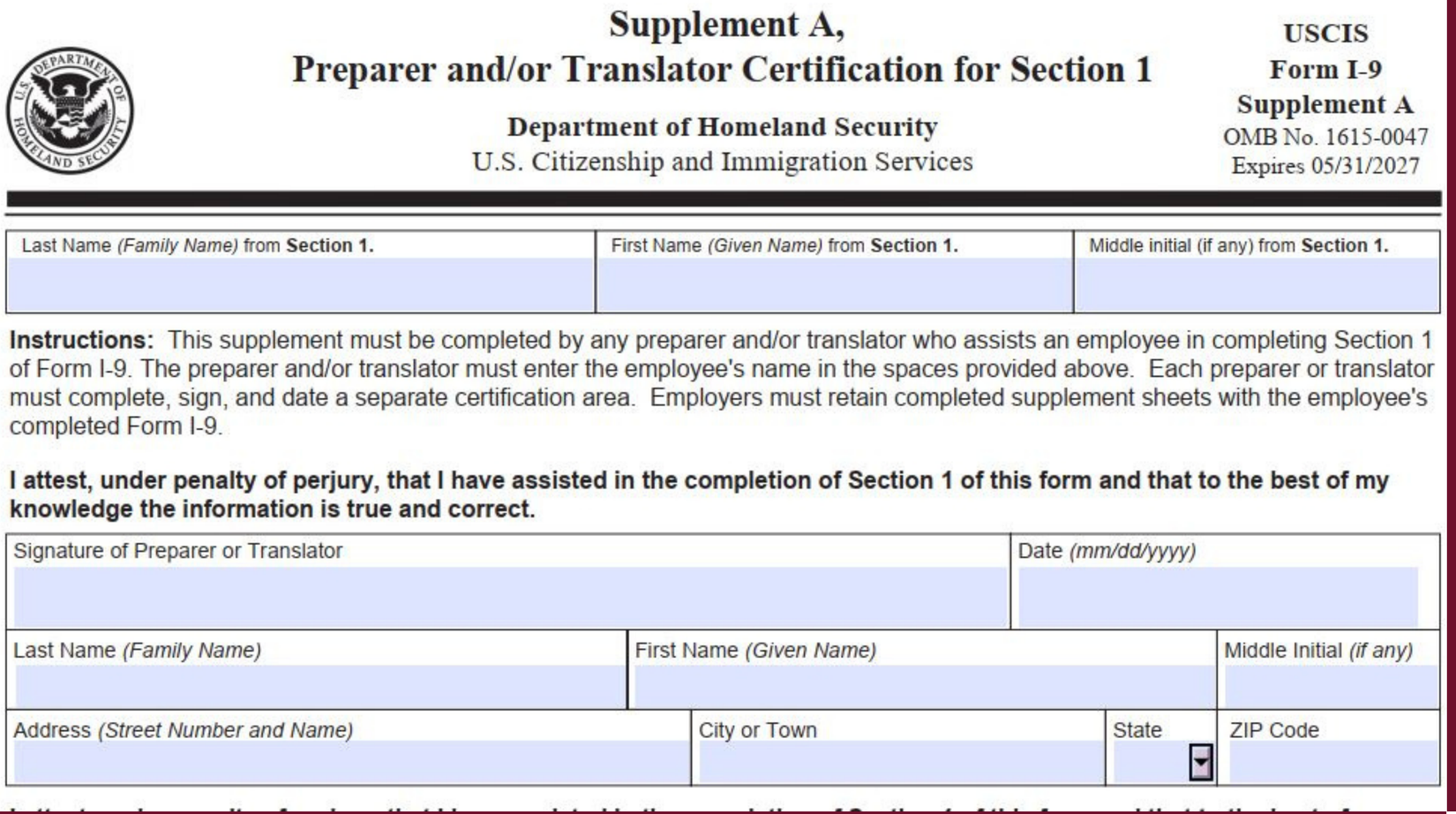
ክፍል 1፡- ሰራተኛው የሚሞላው

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.): ☐ 1. A citizen of the United States ☐ 2. A noncitizen national of the United States (See Instructions.) ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) ☐ 4. An alien 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.	

- ሰራተኛው ትክክለኛው ሳጥን ላይ ምልክት ማድረግ አለበት
- USCIS ወይም A-Number
- የስራ ፈቃድ ማብቂያ ቀን
- የUSCIS A-#፣ I-94 # ወይም የውጭ ሀገር ፓስፖርት
- ይፈርሙ እና ቀን ይጻፉ

Supp A ፡- የአዘጋጅ/ ተርጓሚ ማረጋገጫ

- የስፖኒሽ ቅጽ አጠቃቀም
- የሰራተኛው ስም ከላይ
- አዘጋጅ እና ተርጓሚ መሙላት እና መፈረም አለባቸው



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 *(Family Name)* from **Section 1.**	First Name *(Given Name)* 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 *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

ክፍል 2፡- የአሰሪ ማረጋገጫ

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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

- ስራ በተጀመረበት ከመጀመሪያ ቀን አሰሪው በ3 የስራ ቀናት ውስጥ ማጠናቀቅ አለበት
- ዝርዝር ሀ (A) ወይም ዝርዝር ለ (B) እና ዝርዝር ሐ (C)
- አማራጭ አሰራር (ለምሳሌ፡ በርቀት) የሚጠቀሙ ከሆነ ሳጥኑ ላይ ምልክት ያድርጉ

ዝርዝር ሀ (A) ወይም ዝርዝር ለ (B) እና ዝርዝር ሐ (C)

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

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
1. U.S. Passport or U.S. Passport Card		1. 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, sex, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. 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, sex, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. 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.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. 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				

Acceptable Receipts

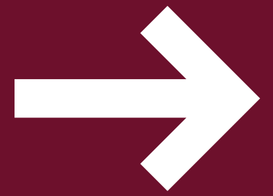
May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

▪ 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	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

ክፍል 2፡- ዝርዝር ሀ (A)

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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					



- ዝርዝር ሀ (A) - ማንነት እና የስራ ፈቃድ ሁለቱም
- የሰነድ ርዕስ - የአሜሪካ ፓስፖርት
- ሰጪ አካል - US Department of State (የአሜሪካ የስቴት መምሪያ)
- የሰነድ ቁጥር - ፓስፖርት #
- ማብቂያ ቀን - I-9 በሚሞላበት ጊዜ የሚሰራ መሆን አለበት

ክፍል 2፡- ዝርዝር ለ (B) እና ሐ (C)

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)					

- ዝርዝር ለ (B) - ማንነት
- ዝርዝር ሐ (C) - የስራ ፈቃድ
- የመንጃ ፈቃድ (I-9 በተጠናቀቀበት ጊዜ የሚሰራ መሆን አለበት)
- የማኅበራዊ ዋስትና ካርድ (የማብቂያ ቀን የለውም)
- የማኅበራዊ ዋስትና ካርድ (ለስራ ፈቃድ የማይሰራ / ለስራ ፈቃድ የሚሰራው በDHS ፈቃድ ብቻ ከሆነ ነው)

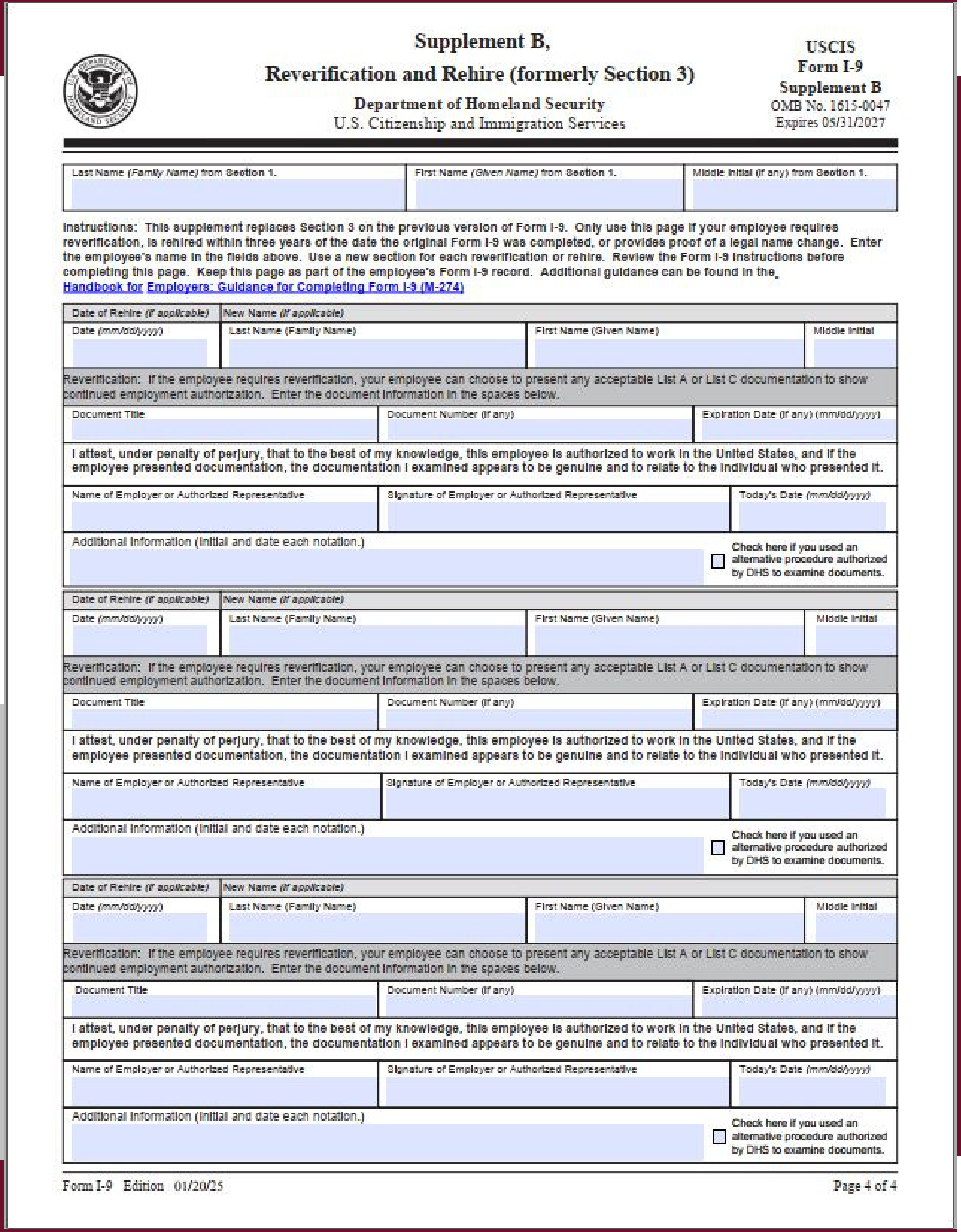
ክፍል 2፡- የአሰሪ ማረጋገጫ

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	

- ሙሉ በሙሉ ይሙሉት
- የስራ መጀመሪያ ቀን
- የስራ መደብን አይርሱ!
- ሙሉ የኩባንያ ስም
- ሙሉ አድራሻ
- ይፈርሙ እና ቀን ይጻፉ

ተጨማሪ ለ (Supplement B) ፦ ዳግም ማረጋገጫ

- ቀነ ገደቡ ከማብቃቱ በፊት ዳግም ያረጋግጡ
- በ3 ዓመታት ውስጥ እንደገና ከተቀጠሩ - አዲስ I-9 ወይም Supp B
- ግሪን ካርድ (ሕጋዊ የመኖሪያ ፈቃድ) ያላቸው ዳግም ማረጋገጥ አያስፈልጋቸውም።



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.

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)

Date of Rehire (if applicable) — Date (mm/dd/yyyy)
New Name (if applicable) — Last Name (Family Name) | First Name (Given Name) | Middle Initial

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.

Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) — Date (mm/dd/yyyy)
New Name (if applicable) — Last Name (Family Name) | First Name (Given Name) | Middle Initial

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.

Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) — Date (mm/dd/yyyy)
New Name (if applicable) — Last Name (Family Name) | First Name (Given Name) | Middle Initial

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.

Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Form I-9 Edition 01/20/25 Page 4 of 4

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