**OSUP E-Verify Enrollment Form**

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| **Agency Name** | **Agency Personnel Area(s)** |

Complete this form indicating that your agency has enrolled with USCIS E-Verify. Answers are based on responses entered in the E-Verify system upon enrollment. Some answers on the form are pre-determined and should be entered in E-Verify accordingly. **Agencies should complete and return one OSUP E-Verify Enrollment Form for every E-Verify Company ID.** Contact a member of the OSUP Benefits & Financial Administration Unit at [\_DOA-OSUP-BFA@LA.GOV](mailto:%20_DOA-OSUP-BFA@LA.GOV) if you have any questions.

**1.** Visit the E-Verify website link (<https://e-verify.uscis.gov/enroll/>) to enroll as an **Employer** and answer these four (4) E-Verify enrollment questions as follows:

1. Does your company need to verify its employees? **Yes**
2. Does your company have clients and need to verify their employees? **No**
3. Does your company have a central office that needs to manage E-Verify use for multiple locations that access E-Verify? **No**
4. Does your company plan to develop its own software to use E-Verify? **No**

**2.** Select Organization Designation

1. Employer Category: **State Government**

**3.** Electronically sign Memorandum of Understanding (MOU) (HR Director level or higher)

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|  |  |
| MOU Signer (Please Print) | Title |

**4.** Enter Company Information

1. Use OSUP’s Tax ID number (72-1447520) when entering company profile information.

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1. E-Verify Enrollment Date:
2. E-Verify Company ID:

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| **Date Completed:** | | **Signed by:** |  |
|  | |  | Human Resources Director |
|  | | **Phone Number:** |  |
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|  | |  |  |
| **Fax to:** | **(225) 219-4432** | | |
|  | **Attention: BFA Unit** | | |
|  | |  |  |
| **\_\_\_\_\_\_\_\_** | Signature page of MOU attached | | |
| **\_\_\_\_\_\_\_\_** | Print out from E-Verify system of agency profile information attached | | |