

UNIVERSITY OF VERMONT REMOTE HIRE NOTICE FORM

| EMPLOYEE INFORMATION | | |
|--|--------------|----------------|
| Last Name | First Name | M.I. |
| | | |
| Date of Birth | Phone Number | E-mail Address |
| | | |
| Employee's Date of Hire | | |
| / / (THIS DATE MUST BE ENTERED INTO THE CERTIFICATION SECTION OF THE I-9) | | |

| HIRING DEPARTMENT INFORMATION | | |
|--|----------------|---------------------|
| Department Contact (Name and Title) | | Department |
| Human Resource Services | | HRS |
| UVM Address | Street | City State Zip Code |
| 85 S. Prospect St. 228 Waterman Building, Burlington, VT 05405 | | |
| Phone Number | Fax Number | E-mail Address |
| (802) 656-3150 | (802) 656-3476 | HRSInfo@uvm.edu |

| AGENT/ REPRESENTATIVE INFORMATION | | | | |
|-----------------------------------|--------|------|-------|----------|
| Authorized Representative's Name | | | | |
| | | | | |
| Organization | | | | |
| | | | | |
| Address | Street | City | State | Zip Code |
| | | | | |

The University of Vermont hereby authorizes the above Authorized Representative to Act as our agent/representative for the purposes of completing the Form I-9 for the employee named in section one of this form. This authorizes the above designee to sign on the Form I-9 as the employer, after they have reviewed and approved the appropriate documentation verifying the employee's eligibility for employment.

Department Contact Signature

Date

Title

Date

IF YOU ARE A NOTARY, PLACE NOTARY SEAL BELOW OR ATTACH A NOTARY CERTIFICATE

NOTE: THIS FORM MUST BE COMPLETED AND GIVEN TO THE AUTHORIZED REPRESENTATIVE BEFORE THE FORM I-9 IS COMPLETED. THIS WILL ENSURE THAT THE HIRE DATE LISTED ON THE FORMS IS PROVIDED AND VERIFIED BY THE HIRING DEPARTMENT.