

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
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.