

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		
<div style="background-color: yellow; padding: 2px;"> (THIS DATE MUST BE ENTERED INTO THE CERTIFICATION SECTION OF THE I-9) </div>		

HIRING DEPARTMENT INFORMATION		
Department Contact (Name and Title)		Department
Human Resources		HR
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	HRInfo@uvm.edu

AUTHORIZED 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.

UVM Department Contact Signature

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 FORM IS PROVIDED AND VERIFIED BY THE HIRING DEPARTMENT.