Remote Hire Form I-9 Instructions for Authorized Representatives

A Hiring Department at the University of New Hampshire (UNH) asks that you act as our **Authorized Representative** in completing the **Form I-9 Employment Eligibility Verification**. According to the U.S. Citizenship and Immigration Services (USCIS), UNH must verify that each person offered employment is eligible to work in the United States. It is our request that you serve as our representative by examining the identity and eligibility documentation presented by our new hire and completing Section 2 of the Form I-9.

Please print the following:

Your Name ________________________________
Address ______________________________________________________________________________
Phone ________________________________ Email _______________________________________________

**Section 1 (Page 7 of the Form I-9) must be filled out by the employee** no later than the first day of employment, but not before accepting a job offer. **Section 2 (Page 8) must be completed by you** within three business days of the employee’s first day of employment. UNH participates in the E-Verify system which confirms the employee’s employment eligibility data with the Department of Homeland Security and Social Security Administration. Therefore, the social security number must be included on Section 1.

The employee must present documentation as identified on the “Lists of Acceptable Documents” (Page 9) of the Form I-9. Documents must be **original** and **unexpired**. The employee can present either one document from List A or one document from List B and one document from List C.

Please complete the following steps in order and check off that you have done so:

__ Verify that Page 7 is completed by the employee correctly.
__ Examine the presented **original** documents and attach a copy to the Form I-9.
__ Complete the top of Page 8, including the “Employee Last Name…” box.
__ Fill in the employee’s first day of employment, per the hiring department.
__ Sign, date, and print your name. **Do not stamp the form.**
__ Complete the other fields as shown:

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City of Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Please return this page and the copies of the documents you verified alongside Pages 7 and 8 of the Form I-9 to the below address. Thank you for your assistance.

University of New Hampshire
Office of Human Resources
2 Leavitt Lane
Durham, NH 03824