**REMOTE I-9 COMPLETION FORM**

THIS FORM MUST BE COMPLETED BY THE HIRING DEPARTMENT AND PROVIDED TO THE EMPLOYEE. THE EMPLOYEE IS TO PROVIDE THIS FORM TO THE AUTHORIZED REPRESENTATIVE **AT THE TIME THE I-9 FORM IS COMPLETED.**

**EMPLOYEE INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle Initial:** |
| **Employee’s First Day of Employment (for I-9):** | | |

**EMPLOYEE’S HIRING DEPARTMENT CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Contact Name:** | **Contact Title:** |
| **Contact Phone Number:** | **Contact Email Address:** |
| **Business Address (for I-9):** | **Business City, State, Zip (for I-9):** |

DEPARTMENT CONTACT SIGNATURE DATE

**NOTE TO AUTHORIZED REPRESENTATIVE:**You must enter the employee’s first day of employment, as shown above, in the certification section of the I-9 form. Complete the information below and, if you are a notary public, place notary seal in this section or attach notary certificate. In addition, please provide to the employee copies of the identity and employment authorization document(s) to include with the I-9 form.

**AUTHORIZED REPRESENTATIVE INFORMATION**

FULL NAME:

ADDRESS:

CONTACT PHONE:

STATE OF AUTHORITY (for Notaries):