



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 (and not a notary) by examining the identity and eligibility documentation presented by our new hire and completing Section 2 of the Form I-9.

Authorized representatives – Please print the following:

Your Name _____

Address _____

Phone _____ Email _____

Section 1 must be filled out by the employee no later than the first day of employment, but not before accepting a job offer. **Section 2 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” (the last page) 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 initial that you have done so:

- ___ **Verify that Section 1** is completed by the employee correctly.
- ___ **Examine** the presented **original** documents and attach a copy to the Form I-9.
- ___ **Complete Section 2**. Please ensure the following are completed:
 - ___ **The “Citizenship/Immigration Status” field** is asking for the number of the checkbox checked off on Section 1.
 - ___ **Fill in the employee’s first day of employment**, per the hiring department.
 - ___ **Sign, date, and print your name. Do not stamp the form.**
 - ___ **The remainder of the certification section** should look like the following:

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name University of New Hampshire	
Employer's Business or Organization Address (Street Number and Name) 2 Leavitt Lane		City or Town Durham	State NH	ZIP Code 03824

Please return this page and the copies of the documents you verified alongside Sections 1 and 2 (Pages 1 and 2) of the Form I-9 to the below address. Thank you for your assistance.

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