



Remote Hire Form I-9 Instructions for Authorized Representatives

A Hiring Department at Plymouth State University 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), PSU 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 _____

Name of Person offered employment with PSU _____

Section 1 (Page 1 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 2) must be completed by you** within three business days of the employee’s first day of employment.

The employee must present documentation as identified on the “Lists of Acceptable Documents” (Page 3) 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 1 is completed by the employee correctly.
- ___ Examine the presented **original** documents.
- ___ Complete the top of Page 2, 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:

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Authorized Representative	
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name Plymouth State University
Employer's Business or Organization Address (Street Number and Name) 17 High Street MSC 14		City or Town Plymouth	State NH	Zip Code 03264

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

Δ New Name (if applicable) | Last Name (Family Name) First Name (Given Name) Middle Initial | R Date of Rehire (if applicable) (mm/dd/yyyy)

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

Plymouth State University 17 High Street MSC #14 Plymouth, NH 03264