



Remote Hire Form I-9 Instructions for Authorized Representatives

A Hiring Department at Plymouth State University (PSU) 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 (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: _____

Name of Employee: _____

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 (Authorized Representative)** within three business days of the employee’s first day of employment. PSU and the University System of New Hampshire participate 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. **Do not stamp the Form I-9 for any reason.**

The employee must present documentation to the Authorized Representative as identified on the “Lists of Acceptable Documents” (the last page) of the Form I-9. Documents must be **original** (photocopies or images not acceptable) and **unexpired**. The employee can present either one document from List A **or** one document from List B and one document from List C together.

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 documentation and verify it is **original** and **unexpired**. Attach a copy of all presented documentation to the Form I-9.
- ____ **Complete Section 2**. Please ensure the following are completed:
 - ____ **“Citizenship/Immigration Status”** at the top of Section 2 corresponds to the number of the checkbox the employee checked off on Section 1.
 - ____ **“Employee’s first day of employment”** should be in MM/DD/YYYY format (i.e. 01/01/2022) and correspond to the employee’s start date as provided by the hiring department.

The remainder of the certification section should look like the following:

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

Once complete, please mail this page, the original copy of the completed Form I-9 (Pages 1 and 2), and the copies of the presented documentation to the below address. Thank you for your assistance.

Plymouth State University
Human Resources
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Plymouth, NH 03264