UNIVERSITY OF VERMONT REMOTE HIRE NOTICE FORM

EMPLOYEE INFORMATION			
Last Name	First Name		M.I.
D · CD! ·I	51 51		- 4011
Date of Birth	Phone Num	ber	E-mail Address
Employee's Date of Hire			
/ /			
(THIS DATE MUST BE EN	TERED INTO THE	CERTIFICATION	N SECTION OF THE I-9)
UVM HIRING DEPARTMENT INFORMATION			
Department Contact (Name and Title)			Department
Human Resources			HR
UVM_Address S	treet City	Sta	te Zip Code
85 S. Prospect St	. 228 Waterman	Building, Burlin	gton, VT 05405
Phone Number	Fax Numbe	r	E-mail Address
(802) 656-3150	(802) 65	6-3476	HRInfo@uvm.edu
Authorized Representat Organization	ave's Name		
0184112441011			
Address Street	City	State	Zip Code
The University of Vermont hereby authorizes the above Authorized Representative to Act as our agent/representative for the purposes of completing the Form I-9 for the employee named in section one of this form. This authorizes the above designee to sign on the Form I-9 as the employer, after they have reviewed and approved the appropriate documentation verifying the employee's eligibility for employment. IF YOU ARE A NOTARY, PLACE NOTARY SEAL BELOW OR ATTACH A NOTARY CERTIFICATE			
REPRESENTATIVE BEFOR	RE THE FORM I-9 IS C	OMPLETED. THIS	ETED AND GIVEN TO THE AUTHORIZED WILL ENSURE THAT THE HIRE DATE THE HIRING DEPARTMENT.
UVM Department Contact S	ianature		Date

Once completed, please send this Remote Hire Notice, I-9 Form and a copy of the verification document(s) via <a href="https://www.edu.nce.new.