

UNIVERSITY OF VIRGINIA REMOTE HIRE NOTICE FORM

EMPLOYEE INFORMATION		
Last Name	First Name	M.I.
Date of Birth	Phone Number	E-mail Address
Employee's Date of Hire		
/ / (THIS DATE MUST BE ENTERED INTO THE CERTIFICATION SECTION OF THE I-9)		

HIRING DEPARTMENT INFORMATION	
Department Contact (Name and Title)	Department
UVa Address on Grounds	<i>Street City State Zip Code</i>
Phone Number	Fax Number
E-mail Address	

AGENT/ REPRESENTATIVE INFORMATION	
Authorized Representative's Name	
Organization	
Address	<i>Street City State Zip Code</i>

The University of Virginia 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.

Department Contact Signature

Date

Title

Date

NOTE: THIS FORM MUST BE COMPLETED AND GIVEN TO THE AUTHORIZED REPRESENTATIVE BEFORE THE FORM I-9 IS COMPLETED. THIS WILL ENSURE THAT THE HIRE DATE LISTED ON THE FORMS IS PROVIDED AND VERIFIED BY THE HIRING DEPARTMENT.