



## Remote I-9 Instructions for Authorized Representatives

The University System of New Hampshire asks that you act as our Authorized Representative in completing the Form I-9 Employment Eligibility Verification. [Click here for Form I9 instructions.](#)

**Authorized Representative** – Please Provide the Following Information:

Full 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. We thank you for your assistance with this process.



All I-9 Documentation must be **original** and **unexpired**. No exceptions. [Click here to view a list of acceptable documentation.](#)

**Please complete the Following Steps and Initial that you have done so:**

- \_\_\_\_\_ 1. **Verify** that Section 1 of the I9 is completed correctly by the employee
- \_\_\_\_\_ 2. Examine the presented **Original** and **Unexpired** documents
- \_\_\_\_\_ 3. **Complete Section 2 of the I9 per the I-9 Instructions** (Notaries: Do not stamp the form)
- \_\_\_\_\_ 4. **Certification:**
  - **Fill in** the employee’s first day of employment, per the hiring department
  - Print **your** name and Authorized Rep title, sign your name, and date, then complete the rest exactly as shown in the **Sample below:**

<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy): <b>MM/DD/YYYY</b>
Last Name, First Name and Title of Employer or Authorized Representative <b>Last Name, First Name - Authorized Representative</b>	Signature of Employer or Authorized Representative <b>Your Signature Here</b>	Today's Date (mm/dd/yyyy) <b>MM/DD/YYYY</b>
Employer's Business or Organization Name <b>University of New Hampshire</b>	Employer's Business or Organization Address, City or Town, State, ZIP Code <b>131 Main St, Durham, NH, 03824</b>	

**Submit to UNH HR:**

- **Securely Upload** Completed I-9 (Page 1 and 2), this completed form, and copies of documentation to: [https://universitysystemnh-my.sharepoint.com/:f:/g/personal/sy\\_unh\\_hr\\_sp01\\_usnh\\_edu/EllWpAk0kDhLnO-OECu\\_WJMB1a41oSIRBkhMxxMo5eyL5A](https://universitysystemnh-my.sharepoint.com/:f:/g/personal/sy_unh_hr_sp01_usnh_edu/EllWpAk0kDhLnO-OECu_WJMB1a41oSIRBkhMxxMo5eyL5A)
- **Or**
- **FAX and Mail** the original I-9, this completed form, and legible copies of your documents to:
  - **Fax:** (603) 862-0583 **Mail:** University of New Hampshire – Human Resources: 131 Main St Durham, NH 03824