



REMOTE HIRE NOTICE

EMPLOYEE INFORMATION (TO BE COMPLETED BY DEPARTMENT)

Last Name		First Name	M.I.
Birth Date	Phone	Email	
Employee's Date of Hire			
/ / (THIS DATE MUST BE ENTERED INTO THE CERTIFICATION SECTION OF THE FORM I-9)			

AGENT/REPRESENTATIVE INFORMATION (TO BE COMPLETED BY HUMAN RESOURCES)

Designee's Name				
Organization				
Address	Street	City	State	Zip Code

Minnesota State University, Mankato hereby authorizes the above designee to act as our agent/representative for 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 employment eligibility.

Human Resources Signature Date

Title Phone

IF YOU ARE A NOTARY: PLACE NOTARY SEAL BELOW OR ATTACH A NOTARY CERTIFICATE.

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