



# REMOTE HIRE NOTICE

## Employee Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Employee's Date of Hire \_\_\_\_\_ (This Date Must be Entered into the Certification Section of the Form I-9)

## Agent/Representative Information

Designee's Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

*St Cloud State University hereby authorizes the above designee 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 employment eligibility.*

HR Representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

**If you are a notary, place notary seal below or attach a notary certificate.**