

UNIVERSITY OF TENNESSEE REMOTE HIRE NOTICE

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 FORM I-9)				

HIRING DEPARTMENT INFORMATION

Department Contact (Name and Title)			Department		
UT Campus Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Phone Number	Fax Number	E-mail Address			

AGENT/REPRESENTATIVE INFORMATION

Authorized Agent's Name				
Organization				
Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

The University of Tennessee hereby authorizes the above Authorized Agent 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

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 FORMS IS PROVIDED AND VERIFIED BY THE HIRING DEPARTMENT.