

REMOTE HIRE EMPLOYER REPRESENTATIVE FORM

EMPLOYEE INFORMATION

Print Last Name:

Print First Name:

I, _____, hereby acknowledge that I am a remote hire for Southern Methodist University and require the services an Employer Representative to complete Section 2 of the Form I-9.

I have confirmed with the Department of Human Resources at Southern Methodist University that my hire date is _____. I have provided this date and original documents for review as part of the completion of my Form I-9 by the Employer Representative listed below.

Employee Signature

Date

If you have any questions or problems during this process, please contact the Department of Human Resources office at 214-768-3311 or smuhr@smu.edu.

EMPLOYER REPRESENTATIVE INFORMATION

Employer Representative: The undersigned has examined the original documentation as listed on the Form I-9 which was presented by _____ to the designated employer representative. The undersigned has reviewed the information in Section 2 (Employer Review and Verification) of the Form I-9 and electronically signed in the space provided in Section 2 therein.

NOTARY PUBLIC STAMP/

INFORMATION

Employer Representative (Agent or Notary Public)

By: _____

Date: _____