

Remote Form I-9 Instructions

Employee:

Please review these instructions carefully, failure to do so may result in a delay in processing your new hire paperwork.

- Please review the list of acceptable documents for completing your Form I-9, they **MUST** be original documents, either one item from List A or one item from each list List B AND List C.
- Please bring your documents with you to the *authorized representative”.
- Please present the second page of these instructions to the authorized representative.
- If we have been able to locate a pre-approved authorized representative near you we will send you that information via email. If we have not been able to locate a pre-approved authorized representative you will need to find a local notary public to act as an authorized representative and assist you with completing the form Form I-9.
 - Please note that the notary should **NOT** place their notary stamp anywhere on the Form I-9 form, however they may complete the included notary affidavit should they choose to do so
- Once you have completed your Form I-9, mail the original Form I-9 and document copies to Human Resources - 345 Monmouth Ave, Monmouth Oregon 97361

The employee is responsible for any costs associated with notary services, copying, or mailing of your Form I-9.

If you or the Authorized Representative have any questions regarding completing the Form I-9 please contact us at 503-838-8490 or hr@wou.edu

Authorized Representative:

- Please use the attached page 2 of the Form Form I-9.
- Enter the employee’s last name, first name, middle initial and select the correct citizenship/immigration number in the “Employee Info from Section 1” area at the top of Section 2.
- Ensure that any document your employee presents is original and on the [Lists of Acceptable Documents](#) or is an acceptable receipt.
- Physically examine each document to determine if it reasonably appears to be genuine and to relate to the employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to the employee, allow the employee to present other documentation from the [Lists of Acceptable Documents](#). **You may NOT request specific documents from the list.**
- Enter the employee’s Last Name, First Name and Middle Initial (if provided) from Section 1.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the -original document(s) the employee presented.
- Enter the date the employee began or will begin work for pay.
- Enter your first and last name, and into section 2, under “title” Authorized Representative should be written in. Please also enter the date completed Section 2.
- The employer’s business name and address should already be entered onto the form, if not please use 345 Monmouth Ave, Monmouth Oregon 97361
- Notaries should NOT place their stamp ANYWHERE on the Form I-9
 - *If desired please complete the included Affidavit of True Copy an affix your seal to the document*
- Take a copy of the documentation provided by the employee.
- Return the documentation, copies, and completed Form I-9 to the employee.

You are completing the I9 as an Authorized Representative of Western Oregon University, so the title and address have been pre-filled in for you.

The employee’s first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative Sign Here		Today’s Date (mm/dd/yyyy) Date	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative Your Last Name	First Name of Employer or Authorized Representative Your First Name		Employer’s Business or Organization Name Western Oregon University	
Employer’s Business or Organization Address (Street Number and Name) 345 Monmouth Ave N		City or Town Monmouth	State OR	ZIP Code 97361

*An Authorized representative is anyone designated Western Oregon University to act on their behalf in completing the I9 for new employees. The university is liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the authorized representative designated to act on behalf of the university.

Affidavit of True Copy

State of: _____

County of: _____

I, _____, certify that on this _____ day of _____
(Notary Name) (Day) (Month) (Year)

_____ physically presented to me the following document(s):
(Person Presenting Documents)

Document 1: Type of Document: _____

Document Number: _____

Expiration Date (if applicable): _____

Document 2: Type of Document: _____
(if applicable)

Document Number: _____

Expiration Date (if applicable): _____

I certify the attached photocopies to be a complete, exact and true copy of these documents.

(Notary Signature)

My Commission Expires: _____

