

FOR COMPLETION BY THE HIRING DEPARTMENT OR CENTRAL HR OFFICE

EMPLOYEE INFORMATION

Last Name _____ First Name _____ M.I. _____

Date of Birth _____

Reason for completion of Form I-9 (select one): New Hire Reverification – Work Authorization

Date of Hire _____ (Designated Agent enters into the Certification Section of the Form I-9.)

Will this employee be E-Verified? Yes No (Please consult with Central HR if “yes”, or if you are unsure.)

Is the employee going to be employed by the University for less than 3 days? Yes No

HIRING DEPARTMENT / CENTRAL HUMAN RESOURCES CONTACT INFORMATION

Contact Name: _____ Phone Number: (____) _____

Contact Title: _____ Fax Number: (____) _____

Address: _____

City, State, Zip Code _____

Department/Central HR Contact Signature

Date

FOR COMPLETION BY THE DESIGNATED AGENT

Designated Agent Name: _____ Title: _____

Business Address: _____

City, State, Zip Code: _____

To the Board of Trustees of the University of Illinois:

I understand and will comply with I-9 requirements as an agent of the University of Illinois.

Signature: _____ Date: _____

The purpose for requesting information on this form is to verify the individual's eligibility for employment in the United States. The information contained on this form is proprietary to the University of Illinois and shall not be used for any purpose other than the intended purpose. Federal statutes authorize collection and maintenance of this information. Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being completed. Information furnished on this form may be made available for inspection by United States Citizenship and Immigration Services or Department of Labor Officers.