REMOTE EMPLOYEE HIRE FORM

If you have any questions or concerns regarding the completion of the attached documents, please contact the representative listed below on the remote employee hire form or contact Human Resources and Equal Opportunity & Outreach office at the University of Massachusetts Lowell at 978-934-3560.

EMPLOYEE INFORMATION:

NAME: LAST ___________________________ FIRST ___________________________ M.I _________

UNIVERSITY OF MASSACHUSETTS LOWELL DEPARTMENT INFORMATION – THIS SECTION IS TO BE COMPLETED BY HIRING DEPARTMENT ONLY OR HR/EOO

DEPARTMENT: __________________________________________

DEPT CONTACT NAME: __________________________________

DEPT CONTACT TITLE: __________________________________

DEPT CONTACT PHONE #: _________________________________

EMPLOYEE’S DATE OF HIRE: ________________________

(THIS DATE MUST BE ENTERED INTO THE CERTIFICATION SECTION OF THE I-9 FORM)

NOTARY: PLACE NOTARY SEAL IN THIS SECTION OR ATTACH NOTARY CERTIFICATE AND COMPLETE THE INFORMATION BELOW. IN ADDITION, COPIES OF THE DOCUMENTS PROVIDED MUST BE SUBMITTED.

NOTARY INFORMATION

Full Name: __________________________________________

Address: __________________________________________

Phone #: __________________________________________

State of Authority: ________________________________