



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.

- Review the list of acceptable documents for completing your **Form I-9**, they **MUST** be original documents, options include;
 - one item from **List A**
 - or one item from list **List B** & one item from **List C**.
- Bring your documents with you 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.
- Present the second page of these instructions to the “**authorized representative**” & present the original documents chosen for the Form I-9.
- Once you have completed your Form I-9, document copies and the original Form I-9 need to be **Faxed 503-838-8522** and mailed to **Human Resources - 345 Monmouth Ave, Monmouth Oregon 97361**

The employee is responsible for any service costs associated with 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

- Use the Section 2 of the **Form I-9**.
- Ensure that any document your employee presents is original and on the [List of Acceptable Documents](#) or is an acceptable receipt (list on page 2 of form I-9).
- 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 information from document(s) provided; 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 use "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 as institution name **Western Oregon University** & the address will be **345 Monmouth Ave, Monmouth Oregon 97361**
- Take a copy of the documentation provided by the employee.
- Return the documentation, copies, and completed Form I-9 to our office by Fax, and Mail documents to our office, can also be returned to employee to mail.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy): Date
Last Name, First Name and Title of Employer or Authorized Representative Authorized Representative	Signature of Employer or Authorized Representative Sign Here	Today's Date (mm/dd/yyyy) Date
Employer's Business or Organization Name Western Oregon University	Employer's Business or Organization Address, City or Town, State, ZIP Code 345 Monmouth Ave. N, Monmouth, OR 97361	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

*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.