



**EMPLOYMENT VERIFICATION AFFIRMATION FORM**

Employee Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

On behalf of Colorado State University, I affirm the following, with respect to the above-named individual:

1. I have examined the employee's work authorization documents as required by the Immigration Reform Control Act of 1986;
2. I have attached copies of the documents which the employee has presented and this affirmation form to the completed Form I-9
3. I have not altered or falsified the employee's identification documents; and
4. Colorado State University has not knowingly hired an unauthorized alien.

\_\_\_\_\_  
Name of Departmental Representative

\_\_\_\_\_  
Date

Attach this form and supporting documents to Form I-9 and send to the HRS Records department for filing.

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**HRS Records Use Only**

This affirmation and the attached supporting documents will be retained for the term of the above-named individual's employment.

\_\_\_\_\_  
Name of Records Representative

\_\_\_\_\_  
Date