

**EMPLOYMENT VERIFICATION AFFIRMATION FORM**

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

On behalf of the State of Colorado, 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 retained file copies of the documents which the employee has presented as required by 8 U.S.C. §1324a;
3. I have not altered or falsified the employee's identification documents; and
4. The State of Colorado has not knowingly hired an unauthorized alien.

This affirmation will be retained for at least the term of the above-named individual's employment.

\_\_\_\_\_  
Name of Employer Representative

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date

NOTE: This information is confidential and must be attached with supporting documents to the Federal I-9 Form. Forward all documents to the Department of Human Resources at CU-Boulder, 565UCB