EMPLOYEE NAME_____ Personnel #_____

Department Name_____ Dept. phone_____

New Hire/Rehire Form

Employee: Please print when filling in personal information.

ACTIONS From __ __ /__ __ /__ __ __ __ *(MM/DD/YYYY)*

DESCRIPTION OF ACTION ☐ New Hire/Rehire   ☐ Student Hire **CrHrs___** ☐ Volunteer Hire/Rehire

ACTION (IT0000)
Primary Position #_____   Primary Position Title_____
Employee Group --*Non-resident alien?* ☐ yes ☐ no   ☐ Federal Employee

PERSONAL DATA (IT0002)

Last name   _____   Name at birth _____

First name   _____   Middle initial   _____ *(no period)*

Known as (Nick Name) _____   SSN   _____

Birth date   _____/_____/_____   Gender   ☐ Male ☐ Female

Nationality   _____   Medicaid ID # _____

ORGANIZATIONAL ASSIGNMENT (IT0001) *sets up employee relationship to entire University organization*

Benefits %: _____% for 12mo   _____% for 9/10mo   _____Ret/Ancil   _____Not eligible

CURRENT POSITIONS AT THE UNIVERSITY

	Position Number	Position Title	Staffing Percent
This Position			
2			
3			
4			
5			
6			
		TOTAL	**= 100 %**

PERMANENT HOME ADDRESS (IT0006)   *(no punctuation or dashes)*

Spouse's name *(if applicable)*_____

1 _____

2 _____

City _____   State _____   Zip _____ - _____

Telephone (_____) _____   E-mail _____

☐ *I do not wish to have my home address information published in the University directory.* *(xdir)*

CURRENT HOME ADDRESS (IT0006)   *(no punctuation or dashes)*

c/o_____

1 _____

2 _____

City _____   State _____   Zip _____ - _____

Telephone (_____) _____   E-mail _____

continued next page

WORK ADDRESS (IT0006) *(no punctuation or dashes)*

Building abbreviation _____   Room number _____   Campus _____

State _____   Zip _____ - _____   Telephone (_____) _____

Fax (_____) _____   Email _____

<mark>EMERGENCY CONTACT (IT0006)</mark> *(no punctuation or dashes)*

Name_____

Telephone (_____) _____   E-mail _____

PLANNED WORKING TIME (IT0007) *sets up employee relationship to his/her current University contract(s)*

☐ Positive time reporting   Employment Percent (FTE)_____   Contract length code: _____   Leave plan code _____

BASIC PAY (IT0008) *sets up employee relationship to payroll*

Wage Type _____   Amount $_____ ☐hr ☐mo | Wage Type _____   Amount $_____ ☐hr ☐mo

Wage Type _____   Amount $_____ ☐hr ☐mo | Wage Type _____   Amount $_____ ☐hr ☐mo

COST DISTRIBUTION (IT9027) *matches IT0008, for reporting purposes*   [Distribution: **01-wage**]

Cost Code:	Cost Center / WBS Element	Position #	Wage Type	$ Rate *hourly or monthly*	% of Cost Distribution
Grant funded? ☐ yes ☐ no					
Grant funded? ☐ yes ☐ no					
Grant funded? ☐ yes ☐ no					
Grant funded? ☐ yes ☐ no					
				TOTAL	**= 100%**

PAID APPOINTMENTS (IT9001) *overview of current paid positions for reporting purposes*

Start Date	End Date	Position #	Title Modifier	Budgeted Annual Salary	FTE % *relative to full time*

UNPAID APPOINTMENTS (IT9001) *overview of current unpaid positions for reporting purposes*

Start Date	End Date	Title	Organizational Unit Number

BANK DETAILS (IT0009) ☐ Attach Bank deposit form
Change DEPT to HOME

TAX AREA (IT0207): NE

TAX WITHHOLDING   W4 / W5 (IT0210) ☐ Attach Form W-4 *(required for all new/returning)* / Form W-5 *(optional)*
Completed by Payroll

RESIDENCE STATUS (I-9) (IT0094) ☐ C - *Citizen*   ☐ N - *Non-citizen*   ☐ A – *Non-Resident Alien*
☐ Attach Form I-9 with photocopies of documentation *(required for all new/returning)*

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity
(select one)

☐ Hispanic/Latino (E1)   ☐ Not Hispanic/Latino (E2)

Race
(select multiple)

☐ American Indian/Alaskan Native (R1)   ☐ Native Hawaiian or other Pacific Islander (R4)

☐ Asian (R2)   ☐ White (R5)

☐ Black or African American (R3)   ☐ Unknown (R6)

Veteran   ☐ Non Veteran (V1)   ☐ Special Disable Veteran (V2)   ☐ Vietnam Era Veteran (V3)

☐ Other Protected Vet (V4)   ☐ Recently Separated Vet (V5)   ☐ Disabled Veteran (V7)

☐ Armed Forces Service Medal Veteran (V6)   ☐ Unknown (V8)

Discharge Date _____   Military Status ☐ Not Applicable   ☐ Active National Guard

Medicare eligible ☐ Yes ☐ No

DATE SPECIFICATIONS (IT0041)

I-9 Date *required*   __ __ /__ __ /__ __ __ __   Other   __ __ /__ __ /__ __ __ __
                                                            (e.g. Last Working Day, etc.)

First Working Day *required* __ __ /__ __ /__ __ __ __   University Service Date   __ __ /__ __ /__ __ __ __

Tenure Date   __ __ /__ __ /__ __ __ __   Leave Accrual Date   __ __ /__ __ /__ __ __ __

Tenure Notify Date ___ ___ /___ ___ /___ ___ ____   Probation End Date   __ __ /__ __ /__ __ __ __

EDUCATION (IT0022) *(not required for student workers)*

Date of graduation _____/_____/_____

Type of educational institution _____

Institution name *(Institute acronym preferred)* _____

Certificate/Degree _____   Is this the highest possible degree in your field? ☐ Yes ☐ No

(additional degrees, if any)

Date of graduation _____/_____/_____

Type of educational institution _____

Institution name *(Institute acronym preferred)*_____

Certificate/Degree _____   Is this the highest possible degree in your field? ☐ Yes ☐ No

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QUALIFICATIONS (IT0022) *(skills, licenses and certifications, if applicable)*

☐ License _____	☐ Programming language _____ *Proficiency: __Low __Average __High __Excellent*
☐ Certification _____	☐ Programming language _____ *Proficiency: __Low __Average __High __Excellent*
☐ Foreign language _____ *Proficiency: __Low __Average __High __Excellent*	☐ NPI# _____
☐ Foreign language _____ *Proficiency: __Low __Average __High __Excellent*	☐ Other_____

EMPLOYEE SIGNATURE

_____ date_____

ADDITIONAL COMMENTS OR EXCEPTIONS:

APPROVAL SIGNATURES:

_____ date_____   _____ date_____

_____ date_____   _____ date_____

Attachments

☐   Correspondence and supportive documentation