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_____

PERSONAL DATA (IT0002)

Last name   _____ Former Last _____

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

Alt First (Nick Name)   _____ SSN   _____

For Birth date, Gender, and Nationality, please see PAF Demographics & Residence Status Form

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 _____

City _____ State _____ Zip _____ - _____

Telephone (_____) _____ E-mail _____

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

c/o_____

1 _____

City _____ State _____ Zip _____ - _____

Telephone (_____) _____ E-mail _____

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

Building abbreviation _____   Room number _____   Campus _____

State _____   Zip _____ - _____   Telephone (_____) _____

Fax (_____) _____

EMERGENCY CONTACT (IT0006)   *(no punctuation or dashes)*

Name_____

Telephone (_____) _____   E-mail _____

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

Work schedule rule: ☐ Salary   ☐ M-F@8hrs/day ☐ Other days/hours_____ ☐ Shift

Time Mgmt status: ☐ Positive time reporting (CATS) ☐ Positive time reporting (Paper Timesheet)
☐ Negative 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 Center / WBS Element	Position #	Wage Type	$ Rate *hourly or monthly*	% of Cost Distribution	Cost Code:
					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	Title Modifier	Organizational Unit Number

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

TAX AREA (IT0207): NE

TAX WITHHOLDING   W4 / W5 (IT0210) ☐ Send W4 and W5 (if applicable) to Payroll department for processing,
department zip code 5000.

Continued next page

For Residence Status (IT0094) and Additional Personal Data (IT0077), please see PAF Demographics & Residence Status Form

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*	☐ Other_____
☐ Foreign language _____ *Proficiency: _Low _Average _High _Excellent*	☐ Other_____

EMPLOYEE SIGNATURE

_____ date_____

ADDITIONAL COMMENTS OR EXCEPTIONS:

....

....

....

APPROVAL SIGNATURES:

_____ date_____   _____ date_____

_____ date_____   _____ date_____