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 _____ Former Last _____

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

Alt First (Nick Name) _____ SSN _____

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

Nationality _____

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 _____

continued next page

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: <u>01-wage</u>]

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): <u>NE</u>

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

Continued next page

RESIDENCE STATUS (I-9) (IT0094) ☐ <u>C</u> -*Citizen* ☐ <u>N</u> -*Non-citizen* ☐ <u>A</u> —*Non-Resident Alien*
☐ Load form I-9 to the HR Department Documents screen in ADIS (See HR SAP Resource Guide – Appendix D – ADIS Handbook).

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

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_____