**NEW STAFF HIRE FORM**

***All fields are required to be completed to initiate this transaction.*** *This form is used to complete the hiring of a new staff member (not to be used for new faculty hires). This should be completed after candidate has accepted an offer of employment and established a start date. HR should receive this form at least one week prior to start date. Two weeks is preferred in order to ensure effective onboarding process. New hires should be instructed to report to Human Resources on first day. In order to work, new employees* ***must*** *complete I-9 form within three days of hire.*

HIRE DATE       DATE COMPLETED

NEW EMPLOYEE NAME       NEW EMPLOYEE EMAIL

HOME ADDRESS

DEPARTMENT       SUPERVISOR NAME

PERSON POSITION       (HR USE: POSITION CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

CLASSIFICATION  ADMINISTRATIVE  PROFESSIONAL  CLASSIFIED  TEMPORARY/CASUAL

FLSA STATUS  EXEMPT  NON-EXEMPT (HR USE: FLSA EX TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

PAY $       PER  HOUR  MONTH  YEAR PERIOD WORKED

FULL-TIME EQUIVALENCY (2080 HOURS EQUALS 1.0)

PAYCLASS  SALARIED (MUST BE 1.0 FTE IF NON-EXEMPT)  HOURLY

BENEFIT ELIGIBILITY (CONSULT WITH HR BEFORE OFFERING BENEFITS)

**FULL** (.75FTE+)  **PART** (.6FTE+)  **STAT** (.5FTE+)  **CONT**RACTUAL/GRANT  NONE\*

PERSON REQUESTING       EMAIL ADDRESS

1 GENERAL LEDGER NUMBER       PERCENT OF TOTAL

2 GENERAL LEDGER NUMBER       PERCENT OF TOTAL

\*Note: All staff are eligible to participate in the University retirement plan on a voluntary basis. Contact Human Resources for complete definitions of benefit eligibility classes.

**Approval Signatures**

Requester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

VP/Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

Controller/Finance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

VP Financial Affairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

***Requester must obtain VP/DEAN signature. After signed by both, forward to HR for further approvals.***