

Wage Employee Appointment Record

Upon completion and departmental approval, this form should be forwarded to the departmental representative who is responsible for entering the hours worked in Banner. The departmental representative should retain this form and file it in the hourly wage employee records for regular wage appointment.

Name: _____ Virginia Tech Assigned Number: _____

Personal E-mail: _____ Social Security Number: _____
Only required if employee has not been assigned a VT ID previously

Mailing Address: _____ Home Phone Number: () _____

City: _____ State/ZIP Code: _____

☐ I do not wish to have my **home address** listed in the campus directory.

☐ I do not wish to have my **home phone number** listed in the campus directory.

Date of Birth: _____ Country of Citizenship: _____

If Non-US Citizen: Visa type (check one) ☐ H1 ☐ F1 ☐ J1 ☐ Perm Res ☐ Other: _____

If Non-Resident Alien, Indicate Visa expiration: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____

Street Address: _____

Employee Gender: ☐ Male ☐ Female

Ethnicity: Are you Hispanic or Latino? ☐ Yes ☐ No

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

Race: Check all that apply.

☐ **American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black**

A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



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Were you ever employed by Virginia Tech prior to your current appointment? ☐ Yes ☐ No

If yes, please list dates of the beginning of the first time you were employed and the end of the last prior employment.

Begin _____ Ended _____
Month Year Month Year

Virginia Tech requires that all employees be COVID-19 vaccinated, unless a medical or religious exemption is approved.

Are you able to comply with this condition and report your vaccination information to the university? ☐ Yes ☐ No

I certify the above information to be correct to the best of my knowledge:

Daniel Palamarchuk

Employee Signature

Date

Department to complete this page.

Please provide a copy to the employee

Indicate position type:

- ☐ P14 ☐ Sporadic Hire ☐ Non-Student Wage
☐ Student Wage Work Study? ☐ Yes ☐ No
☐ Emergency Hire Indicate Appointment Period: _____

Conviction Check Completed: ☐ Yes ☐ No I-9 Completed: ☐ Yes ☐ No Tax Forms Completed: ☐ Yes ☐ No

Position Information:

Position Title: _____ Position Number: _____
 VT PID: _____ Timeclock Plus Code: _____
 Banner Fund: _____ Department Number: _____
 Hourly Rate: _____ Work Schedule: _____
 Start Date: _____ End Date: _____
 Supervisor Name/PID: _____ Overtime Authorized? _____

Special Instructions or Employee Restrictions: _____

Has this person worked any wage hours at Virginia Tech during the current (May 1 – April 30) employment cycle?

Please note that wage hours cannot exceed 1500 hours between May 1 and April 30 each year. All wage jobs (student, non-student, emergency hire, etc.) count toward this total. You can view current wage hours worked toward the 1500 hour total on the PWIEMPV screen in Banner. It is highly recommended that you do this before you start a wage employee to ensure that they have hours remaining.

If emergency hire or student worker, describe job duties below or attach job description:

Percent Of time	Job duties

Approve the appointment and information provided above:

Supervisor/Hiring manager: _____ Date: _____

Department head/designee: _____ Date: _____

Acknowledgement of employment dates, hourly rate and work schedule by employee:

Employee: _____ Date: _____