

Confidential

NEW EMPLOYEE FORM

Date completed: _____

SECTION 1: EMPLOYEE INFORMATION (Completed by new employee; list full legal name. Sign Section 4.)

LAST				FIRST				M.I.		TITLE (Dr., Mr., Mrs., Ms., etc.)				PREFERRED FIRST NAME					
SOCIAL SECURITY NO. (ENTER LAST FOUR)								DATE OF BIRTH				MARITAL STATUS				GENDER			
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> -												<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
CURRENT ADDRESS								CITY				STATE				ZIP			
COUNTY				COUNTRY		PRIMARY PHONE ()				WORK PHONE ()		MAIL DROP		CHECK HERE IF YOU DO NOT WANT YOUR HOME ADDRESS & PHONE PUBLISHED IN REGENT LISTING:					

EMERGENCY CONTACT

NAME (Last, First, M.I.)				RELATIONSHIP		PHONE		ADDRESS	
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CITIZENSHIP: () U.S. CITIZEN () LAWFUL PERMANENT RESIDENT () NON-U.S. CITIZEN – Country: _____ Visa Type: _____

ETHNIC ORIGIN: () Asian/Pacific Islander () Black (Not Hispanic) () Hispanic () Native American/Alaskan Indian () Other (Internationals and all other)
() Unknown () White (Not Hispanic)

Have you worked for Regent University before? () No () Yes, what year? _____; department worked in: _____

Are you a current student at Regent University? () Yes – Undergraduate Student () Yes – Graduate Student () No – I am not a student

Do you have a child support obligation? () Yes () No

SECTION 2: POSITION CLASSIFICATION (Completed by authorized department or school manager.)

POSITION CLASS	EMPLOYEE CATEGORY	POSITION STATUS
() Regular	() Faculty* () Staff	() Full time
() Temporary Employee	() Adjunct Faculty* () CIP Code () Temporary Staff	() Part time
() Student Employee	() Graduate Assistant/Student Worker () Student Contract* (graduate student / undergraduate student) *Attach appropriate contract	hours

SECTION 3: POSITION ASSIGNMENT DATA (Completed by department or school manager.)

HIRING SCHOOL OR DEPARTMENT: _____		POSITION START DATE: _____	
DEPT CODE: _____		POSITION TITLE: _____	
COST CENTER CODE: _____ (For funds paid by different Dept.)		PAY STATUS: () EXEMPT () NON-EXEMPT	
WORK LOCATION: () On-Campus () Off-Campus - State: _____; If Off-Campus, () Approved Teleworking Agreement Attached (regular staff/faculty only)		PAY RATE: \$ _____ Hour / Month / Year	
Will new employee have a contract for this position/assignment? Yes___ No___ SUPERVISOR / TIME CARD APPROVER: _____			
NOTE: Supervisor will receive login notification email once new employee is set-up in HR database (max of 3 business days). At that time, the employee may obtain login instructions by contacting the IT Help Desk at ext. 4076.			

SECTION 4: SIGNATURES

EMPLOYEE'S SIGNATURE		DATE	DEPARTMENT MGR. SIGNATURE		PHONE	MAIL DROP	DATE
HUMAN RESOURCES		DATE					

SECTION 5: FOR HR USE ONLY

BANNER POSITION NUMBER: _____		CREATE NEW BANNER POSITION: ()		RENAME BANNER POSITION: ()	
GRADE: _____		IPEDS: _____		GROUP: BENEFITED () Yes () No () Limited	
VACATION ALLOWANCE: _____ (HOURS/MO.)		BENEFITS START DATE: _____		SERVICE AWARD DATE: _____	