Hampshire College Human Resources New Hire Form (Non-Faculty)

Employee Data - Please complete **all** data and forward to the human resources office with resume.
MISSING DATA WILL DELAY PROCESSING

Name: _____
          Last   First   Middle

Address: _____
          Street   City   State   Zip

Home Telephone Number: _____

Start Date or Effective Date *(for changes)* _____ **End Date** *(if other than regular status)*_____

Position Title: _____

Classification: ☐ Administrator - 61**101** ☐ Staff - 61**201** ☐ Intern - 61**303** ☐ Casual – 61**401**

Appointment Reason: *(please check all appropriate boxes)*

☐ New Hire ☐ Re-Hire ☐ Change in General Ledger Number ☐ Split GL Position (requires a form for each position*)*

Previous Incumbent's Name _____ **Previous Incumbent's Rate/Salary** :_____

FTE/Pay Grade/Work Schedule Data

Regular FTE (for position):_____   **Regular Salary (PBDS) (for position):**_____

Current FTE (for person in position):_____   **Current Salary (PWAG) (for person in position):**_____

Budgeted FTE (FTE currently budgeted):_____   **Budgeted Salary (XPOS/PBDI)(amount currently budgeted):**_____

FTE: *(Please check appropriate box if applicable. Should match current FTE)* **PERFORMANCE EVALUATION SUPERVISOR**_____

☐1.0 - Full Time ☐.50 - Half Time ☐.88 Full Time/10.5 mos. ☐.83 - Full Time/10 mos. ☐.75 - Full Time/9 mos. ☐.57 - 20 hrs./wk ☐ Other _____

Pay Grade: _____   **Hourly Rate**: _____   **Annual Salary**:_____
    (bi-weekly employee—rate x annual hours should match current salary)   *(monthly employee – should match current salary)*

Position Type: *(if applicable)* ☐12 month ☐10.5 month ☐10 month ☐9.5 month ☐9 month **Standard Dept. Work Week:** ☐35 ☐40 ☐Other____

Employee's Scheduled Hours: ☐35 ☐40 ☐ Other _____ **Employee's Daily Scheduled Hours**: ____ ____ ____ ____ ____ ____ ____
                                                               SUN MON TUES WED THUR FRI SAT

Employment Cycle: *(if position type is less than 12 months, indicate employment period)* _____ to _____

Funding Source: General Ledger Account Number: ☐ 80 ☐ 90 0 _____ _____ _____ _____ _____

Department Fund Name or Grant Fund Name and Department: _____

Office Information (OFFI)

Building: _____ Office : _____ Ext: _____ Campus Mail Box: _____

Time Card Authorization – **(as designated by the Business Office)** *Please print*

_____ _____
Supervisor   Alternate Supervisor

Authorization – REQUIRED SIGNATURES

Signatures and **Dates** required from:

_____ _____ _____
Budget Manager/Supervisor   Date   Division Head   Date   Dir. of Budgets & Planning Date

Human Resources Processing   **HR Recommendation: Pay Grade:**   **Salary:**

*Position ID#*_____ _____ ☐EP ☐MP
    Department Abbreviation   *Object Code(3 digit)*   *Title Abbreviation* *Pay Class*   *Pay Cycle*

LEVS: ☐ *VAC*__ ☐ *PER*__ ☐ *SIC*__ *XHRS:* Medical FTE_____ Benefit Start Date_____ *HR PROCESS DATE/INITIAL:* _____

This document is confidential and should be treated accordingly.