

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 - 61101 Staff - 61201 Intern - 61303 Casual - 61401

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 Strategic Budgeting & Analysis Date

Human Resources Processing HR Recommendation: Pay Grade: Salary:

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