Hampshire College Human Resources New Hire Form (Faculty) Please complete **ALL** data and forward to the Dean of Faculty Office for processing. This document is confidential and should be treated accordingly. **Employee Data:** Name: Middle Address: City Zip Street State Home Telephone Number: _____ Home E-mail: **Appointment Information:** (please check all appropriate boxes) New Hire - NH (NFAC) Re-Hire - RH (ADD) Change in General Ledger Number Split GL Position (requires a form for each position) Start Date or Effective Date: End Date: (record contract end date, end date of leave/sabbatical) (for changes, recording leaves) Semesters: ☐ Academic Year ☐ Fall Semester ☐ Spring Semester ☐ January Term ☐ Other____ Rank: Dean - 61101 Professor - 61001 Associate Professor - 61001 Assistant Professor - 61001 □ Visiting Professor – 61004 □ Visiting Associate Professor – 61004 □ Visiting Assistant Professor – 61004 □ Scholar/Post-Doc - 61009 ☐ Adjunct Professor - 61006 ☐ Adjunct Associate Professor - 61006 ☐ Adjunct Assistant Professor - 61006 ☐ Adjunct Instructor - 61006 □ Adjunct Examiner - 61006 □ January Term Instructor - 61006 □ Emeritus Professor - 61006 □ Faculty Assoc - 61005 □ Sr. Faculty Assoc - 61005 Position Title: Previous Incumbent's Name _____ Reason for leaving: _____ Divisional Committee Eligibility: ☐ Division III Chair ☐ Div III Member ☐ Division II Chair ☐ Div II Member ☐ Other **Salary/Budget Information:** FTE: _____ TOTAL MONTHS IN EMPLOYMENT CYCLE: Annual Salary: \$__ Should match Current Salary Should match Current FTE Funding Source: General Ledger Account Number: □ 80 0 □ 90 0 Department Fund Name/Grant Name: Comments: ☐ Faculty Exchange Program – if yes, please complete this section: Funding Source: ☐ 80 0 ____ _ _ _ _ _ _ _ ___ ____ Amount: \$ _____ Bill to: **Office Information (OFFI):** Ext: _____ Campus Mail Box: ____ Email: __ Office: Authorization – REQUIRED SIGNATURES* School Dean VP for Academic Affairs & Dean of Faculty or Controller Date Associate VP of Academic Affairs For Dean of Faculty and Human Resources Only Dean of Faculty Office Processing: Position Type/FTE/Salary (if changing used POSS screen) 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):_____ **Human Resources Processing:** Position ID# MP - Pay Cycle Department Abbreviation Object Code(3 digit) Title Abbreviation Pay Class XHRS: Medical FTE____ Benefit Start Date___ HR PROCESS DATE/INITIAL: