



\_\_\_\_\_ TM  
 \_\_\_\_\_ CA  
 \_\_\_\_\_ TG  
 \_\_\_\_\_ BN

## NEW EMPLOYEE HIRE AND TRANSFER FORM

Before date of hire, send to Human Resources office.

### EMPLOYEE PROFILE

Employee Name: \_\_\_\_\_ Highest Degree \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date of Approved Background Check \_\_\_\_\_  
 Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMPLOYMENT CHANGES

Position Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus Location \_\_\_\_\_  
 Check All That Apply:  Staff  Faculty  Tenure  Non-Tenure  9 mos  10 mos  12 mos  
 New Hire (attach resume)  Transfer  Temporary  
 Replacement Person Replacing \_\_\_\_\_  
 Starting Date/Contract Term \_\_\_\_\_

### SALARY AND BENEFITS INFORMATION

Annual Salary \$ \_\_\_\_\_ Hrs / Week \_\_\_\_\_ \$ \_\_\_\_\_ / Month  
 Hourly or Part-Time: Hourly Rate \$ \_\_\_\_\_ /hr \_\_\_\_\_ Hours/Week  
 Days of the week employee will be working: \_\_\_\_\_  
 Full Time  Part Time Benefits?  Yes  No

### REQUIRED APPROVAL

Account Number to be Charged \_\_\_\_\_ %  
 Additional Account Numbers (if split) \_\_\_\_\_ %  
 Additional Account Numbers (if split) \_\_\_\_\_ %  
 Signature of Supervisor \_\_\_\_\_  
 Signature of Administrator \_\_\_\_\_  
 (President, Provost, VP, or Athletic Director)