New Hire Information Sheet

NAME		D.O.B.
SSN	Highest Degree Completed	Year Degree Completed
ETHNICITY O	Hispanic/Latino	nic IF NO DEGREE, HOW MANY YEARS OF EDUCATION
NATIONALITY		Name of Institution Where Degree Was Earned Including City & State
RACE CATEGORY		
		Degree Major
VISA TYPE		Degree Minor
VISA ISSUE DATE	VISA END DATE	ORIGINAL US EXP DATE OF ENTRY DATE WP
E-MAIL ADDRESS		VETERAN
	LOCAL ADDRESS	STATUS DISCHARGE DATE
		EMERGENCY CONTACT INFORMATION
PHONE NUMBER CELL PHONE #		PHONE NUMBER
PERM	IANENT MAILING ADDRESS	WORK ADDRESS
	as Local Address	PHONE NUMBER
PHONE NUMBER —		FAX NUMBER
	IN A WORK STUDY POSITION?	ES NO ARE YOU PAID: Wages Fellowship YES NO YOUR STUDENT STATUS: Grad Under-Grad
	hourly paid semi-monthly employee. If	UDENT EMPLOYEES ONLY if you are currently on payroll receiving a fellowship, there will be no change with addition to your fellowship, a timesheet is required for payment of hours worked.
To be filled out b	by Supervisor and/or Admi	nistrative Offices:
Period authorized to w	vork	Salary/Hourly rate:
Supervisor		CC/IO#

SAP Position#

Hours per week