

# NOTICE OF NEW HIRE

FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROGRAM \_\_\_\_\_ FUND CODE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

PROJECTED START DATE \_\_\_\_\_ SALARY/EXEMPT \_\_\_\_\_ OR \_\_\_\_\_ HOURLY/NON-EXEMPT \_\_\_\_\_

FULL TIME POSITION  PART TIME  TEMPORARY

SPECIAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PROGRAM DIRECTOR DATE

\_\_\_\_\_  
ADMINISTRATIVE APPROVAL DATE

### (FOR ADMINISTRATION / PAYROLL USE ONLY)

1<sup>st</sup> DAY WORKED \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

TO BE FILLED OUT BY PROGRAM DIRECTOR

1. PRINT NEW EMPLOYEE'S FULL NAME
2. LIST EMPLOYEE'S FULL ADDRESS
3. LIST EMPLOYEE'S TELEPHONE NUMBER
4. LIST PROGRAM EMPLOYEE IS BEING HIRED BY
5. LIST NEW EMPLOYEE'S JOB TITLE
6. LIST PROJECTED START DATE (**PLEASE GIVE A DATE, DO NOT USE ASAP**)
7. LIST YEARLY SALARY OR HOURLY RATE
8. CHECK WHETHER THIS POSITION IS FULL-TIME, PART-TIME OR TEMPORARY
9. MAKE SURE ANY SPECIAL CONDITIONS FOR THE OFFER LETTER ARE WRITTEN IN THE SPECIAL CONDITIONS SECTION ON FORM.
10. SIGN AND DATE FORM AND SEND TO ADMINISTRATION (**PLEASE MAKE SURE THIS FORM IS RECEIVED BY ADMINISTRATION 3 DAYS BEFORE THE EMPLOYEE'S PROJECTED START DATE**).

**PLEASE MAKE SURE THE NOTICE OF NEW HIRE IS FILLED OUT COMPLETELY. THANK YOU!**