

Part Time Employee Forms Checklist

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|--------------------------|---|
| Employee's Name: | Department: |
| Employee's Title: | Supervisor's Name: |
| Employee's Office Phone: | Supervisor's Office Location & Extension: |

REQUIRED: (To be completed by hiring supervisor)

| | | |
|---|--------------------------------------|----------|
| BEGINNING DATE OF EMPLOYMENT | | |
| RATE OF PAY: (Check One) → | <input type="checkbox"/> Hourly Rate | \$ _____ |
| | <input type="checkbox"/> By Class | |
| NEW BUDGET CODE ** (<i>Mandatory</i> for payroll) | | |

** New hire Information with no budget code will cause a delay in employee being paid.

| REQUIRED: (<i>Mandatory</i>) <small>*All form must be submitted to Stephanie Robertson in HR (VEW-1A)</small> | Employee Submissions | Human Resources | Payroll |
|---|----------------------|-----------------|---------|
| Application | | | |
| Personal Information Card (Blue Card) | | | |
| W-4 – (Original + 1 legible copy) | | | |
| NC-4 – (Original + 1 legible copy) | | | |
| I-9 – Employment Eligibility Verification | | | |
| Selective Service | | | |
| Institutional Staff Information Data | | | |
| OFFICIAL TRANSCRIPTS (Required for Faculty) & " Verification Form " must be submitted with Transcripts. | | | |
| Social Security Card (3 legible copies) | | | |
| Driver's License (3 legible copies) | | | |
| Emergency Contact Information | | | |
| Drug Free workplace policy | | | |
| Student Data Access Agreement | | | |
| OPTIONS: | | | |
| Direct Deposit of Payroll Form Including voided check | | | |
| <small>*Direct Deposit Forms must have signature to process</small> | | | |

EFFECTIVE IMMEDIATELY

Incomplete Part-time New Hire packets will be returned to the hiring supervisors. All "Required" forms must be completed, signed, and returned to HR before the 1st of the month for processing.