



UNIVERSITY OF  
SOUTHERN MAINE

# Human Resources New Hire Form

**If not typed, use black or blue ink on white paper only.**

Prepared By _____	Phone _____	Date _____
<input type="checkbox"/> Individual Data Sheet	<input type="checkbox"/> W-4 / W-4 ME	<input type="checkbox"/> Direct Deposit*
<input type="checkbox"/> I-9	<input type="checkbox"/> EEO Form	<input type="checkbox"/> Faculty Supplement * <i>*If required</i>

Completed forms must be attached or received by Payroll/HR to create an employee record and produce a paycheck.

**Deadlines for completed original to Human Resources:**  
**Monthly Paid Employees AS SOON AS POSSIBLE, but no later than employee's start date or the 10<sup>th</sup> of the month, whichever occurs first.**  
**Biweekly Paid Employees AS SOON AS POSSIBLE, but no later than employee's start date.**

Effective Date \_\_\_\_\_  Professional  Classified  Faculty  Graduate Assistant

Personal Data				
Last Name	Suffix	First Name	M.I.	PeopleSoft ID # _____

Appointment Data				
Start Date	End Date	Position Type (Check One) <input type="checkbox"/> Base Funded/Ongoing <input type="checkbox"/> Tenure Eligible <input type="checkbox"/> Soft Money <input type="checkbox"/> Fixed Length	Action	<input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire <input type="checkbox"/> Concurrent Position

Job Information					
Department <b>P-</b>	Supervisor Name or ID #	Job Code <i>(HR use ONLY)</i>	Supervisor Level <i>(of employee)</i>	Employee Class	Union Code
Months in Work Year	Normal Work Year Begins _____ Ends _____		<input type="checkbox"/> Full-time (40 hours/week) <input type="checkbox"/> Part-time _____ Hrs/wk <input type="checkbox"/> Shared Appt. _____ Hrs/wk		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Graduate Assistant
Annual Salary \$ _____	Comp Rate <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$ _____	Probationary Length _____ # of Months		Review Date <i>(HR use ONLY)</i>	
Campus Address				Campus Phone #	
Title					

Earnings Distribution				
Earn Code <i>(HR office use ONLY)</i>	Start Date	End Date	10- Digit Payroll Code	Distribution Percent
				%
				%
				%
				%
(Please add more distribution lines on reverse side, if needed.)				<b>Total = 100%</b>

**Please attach any explanatory documentation about the terms and conditions of appointment.**

Initiating Office \_\_\_\_\_ Date \_\_\_\_\_

Dean / Director \_\_\_\_\_ Date \_\_\_\_\_

Executive Level \_\_\_\_\_ Date \_\_\_\_\_