

NDUS HRMS HIRING FORM: Job Data

[To be completed by Hiring Department]

Supervisor Name/Position ID: _____
Name Position ID

Department ID/Name: _____
Dept. ID Dept Name

Funding Number(s): _____

Employee work address/phone: _____ / _____

Employee Name: _____
First MI Last

Empl ID (if known): _____ Effective Date: _____

Action: _____ Reason: _____
(Select) (Select)

Position Number: _____ Primary or Secondary Job on Campus?: _____

Start Date: _____ End Date (if known): _____

[HR/Payroll: If end date is known, click checkbox for "End job automatically" and enter End Date on Work Location page in Job Data]

Standard Hours/Week: _____ % FTE: _____ Work Study?

Less than 12 month schedule? _____

[If yes, please provide specific data for HR/Payroll to enter on AWF>AWFGlobal>Use Lcl >USA/CAN Contract Pay]

Payment Schedule:

August 16-May 15

Other: Schedule start date _____ Schedule end date _____

Benefited? No Yes

Pay Type: Hourly (N) 12-month Salaried (B)

Contract Hourly (H) Contract Salaried (C)

Compensation Rate: _____ per hour /or/ per year

[HR/Payroll use only]

FICA Status: Subject Exempt

Prior TIAA-CREF contract still open? No Yes

If yes, enter date: _____

Completed by: _____ Phone #: _____ Date: _____