**HIRING INFORMATION FORM**

Effective Date: 01/31/2018

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| **Section 1: EMPLOYEE, EFFECTIVE DATE, POSITION, REPORTS TO, DEPARTMENT INFORMATION [COMPLETED BY THE AGENCY’S HR LIAISON]** | |
| **Name of Hire:**  **EMPL ID: COV ID:** | **Effective Date:** |
| **Position Number: Pay Band: Position Exp. Date: Role Code:**  **Working Title:**  **Role Title: Supervisor Level:** | **Hiring Manager Name:**  **Hiring Manager Position Number: Dept. Name:**  **Dept. Number:**  **Dept. Account/Fund Number(s) to Charge Position:**  **( %)**  **( %)**  **( %)** |
| **Approved Annual Salary/Hourly Rate: $**  **Most recent annual/hourly salary**: **$ Percent change %**  **Is applicant a current state employee?** ☐ Yes ☐ No **If Yes, at what agency?** | |
| **Exceptional Recruitment:**   * **Leave Advance** Amount of Hours: ☐ **Leave Incentive** * **Sign-On Bonus** Amount **$** ☐ **Moving Allowance** Amount: **$** | |
| **Section 2: KEYING INFORMATION [COMPLETED BY THE AGENCY’S HR LIAISON]** | |
| **Position:** ☐ New Position ☐ Existing Position  **Position Type**: ☐ Classified (70) ☐ Admin Faculty (70 / 71 / 74) ☐ Prof. Faculty (70) ☐ Teaching Faculty (77 / 71)   * Adjunct Faculty (44) ☐ WDS Faculty (43) * Wage (40) ☐ Federal Workstudy (41) ☐ Other Workstudy Student (42) ☐ SA / Tutor (42)   **FICA Status (if EE is a student):** ☐ Exempt ☐ Non-Exempt  **FLSA / Overtime Status:** ☐ Exempt ☐ Non-Exempt  **Regular/Temp/Restricted: Job End Date (if Restricted): SOC: EEOC: Alternate Schedule / Telework:** ☐ Yes ☐ No  **Conflict of Interest:** ☐ Yes ☐ No **Sensitive Position:** ☐ Yes ☐ No  **Email: State Phone:** | |

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| **Section 3: PAYROLL DATA [KEYED IN HRMS/PMIS BY THE SSC]** |
| **Funding Source: Dept Fund Program (FT) Subprogram (FT) Campus**  **Sex: DOB: Contract Length: Account/Object: Location/FIPS: Citizenship/Alien Code: Workers’ Comp Code**: |
| **Section 4: TRANSACTION FOR SSC TO KEY** |
| **EMPLOYEE:** Hire Type (if known):   * New Hire - New Employee to VCCS and COV |
| * New Employee to VCCS but already COV employee   + State Rehire – (list previous employment & dates)   **Agency Name:**  **State Employment Begin Date:**   * + Transfer     - Competitive Voluntary     - Non-Competitive Voluntary   **Agency Name:**  **State Employment Begin Date:**   * + Promotion |
| * Current / Previous VCCS Employee / Student   + Student:   + Rehire     - Faculty Transfer     - Rehire to PT     - Rehire – Salaried New in PMIS     - Salaried Rehire –Exists in PMIS     - Transfer in Lieu of Layoff   **Agency Name:**  **State Employment Begin Date:**   * + Transfer     - Competitive Voluntary     - Non-Competitive Voluntary   **Agency Name:**  **State Employment Begin Date:**   * + Promotion   + Demotion     - Competitive Voluntary     - Non-Competitive Voluntary |

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| * In-Band Adjustment:   + Change in Duties   + Retention   + Internal Alignment   + Application of New Knowledge/Skills/Abilities from education, certifications, licensure, etc. * Role Change:   + Upward   + Lateral   + Downward * Other: |
| * Termination   + Death   + No Show on First Day/Reneged   + Removal - Faculty   + Removal – Inability to Perform Duties   + Removal – Unsatisfactory Performance During Probation   + Removal – Standards of Conduct   + Resign – Better Job   + Resign –Dissatisfied   + Resign – During Probation   + Resign – Home Responsibilities   + Resign – Ill Health   + Resign – Leaving Area   + Resign – Military Service   + Resign – Other   + Resign – School   + Retirement – Service   + Retirement – Enhanced   + Separation – Completed Limited Appointment   + Separation – LTD   + Transfer – VCCS Agency   + Transfer – Non-VCCS Agency   + Transfer to Exempt Agency   + Transfer to Local Agency |

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| **Section 5: WORKFLOW/CHECKLIST** | |
| Date Sent to SSC |  |
| Date Placed into Onboarding System |  |
|  | |
| Copy of Offer Letter or Contract |  |
| P3 & P3A (if applicable) |  |
| W-4 |  |
| VA-4 State |  |
| Direct Deposit form |  |
| I-9 form |  |
| Emergency Contacts |  |
| Parking Registration Form |  |
| Benefits forms (if completed) |  |
|  | |
| Date entered into HRMS |  |
| Date entered into PMIS |  |
| Date Team Dynamix ticket entered (if applicable) |  |
| Information verified in VNAV (if applicable) |  |
| Date submitted to SSC/Agency Payroll |  |
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Additional Information for the SSC:

HR Coordinator for SilkRoad

**Date**

**HR Director/Manager/AVP/VP of Admin *OR* Designee**

**Comments:**

**By typing my name below and checking the box below, I acknowledge my approval of this action.**

Approve w/Modification:

**HUMAN RESOURCES APPROVAL:**

Approve as submitted

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