



# FORDHAM UNIVERSITY

## EMPLOYEE NEW HIRE FORM

### EMPLOYEE INFORMATION

(To be completed by Employee)

"

Hktuv'P co g< " \_\_\_\_\_ O kf f rg'kpkkn< " \_\_\_\_\_ Ncuw'P co g< " \_\_\_\_\_

"

HkF P < \_\_\_\_\_ F cvg'qh'Dkt vj \_\_\_\_\_ I gpf gt<  "O crg"  "Hgo crg"

O ctken'Ucww<  "Ukpi rg"  "O ctt kgf"  "Ugr ctcvgf"  "F kxqtegf"  "Y kf qy gf "

"

Gvj plek< " \_\_\_\_\_ Ct g' {qw'J kur cple'qt 'Ncvkq lNcvkpcA' " \_\_\_\_\_  [ gu"  "P q" \_\_\_\_\_

"

Tceg\*Ej gen'qpg'qt'o qt g<  "Y j kg"  "Drcem'qt 'Cht lecp/Co gt lecp"  "Cukcp" \_\_\_\_\_

"Co gt lecp'kpf lcp lCrcunep'P cvkxg"  "P cvkxg'J cy ckcp'qt 'Qvj gt 'Rcekle 'Kircpf gt "

"

Hqtf j co 'Uwf gpv<  "P q"  [ gu" \_\_\_\_\_ (if yes):  "Hwn'Vlo g"  "Rct v'Vlo g"

### CITIZENSHIP INFORMATION

"

Kco \*ej gen'qpg'qh'vj g'hqny kpi +<

"C'ekkt gp'qt 'pcvkpcn'qh'vj g'Wpkvgf 'Ucvgu"

"C'rcy hwn'r gt o cpgpv't gulf gpv" \_\_\_\_\_ \*Crlgp "%aaaaaaaaaaaaaaaaaaaaa+ "

"Cp'crkcp'cwj qtk gf 'vq'y qtn'wvkn" aaaa laaaa laaaa \*Crlgp "%qt 'Cf o kulkp "%aaaaaaaaaaaaaaaaaaaaa+ "

"

*Note: If you currently do not have a social security number and are in the process of applying for one, please fill out the additional personal information below as required by the Social Security Administration:*

"

Hcvj gta'Hwn'P co g< aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "" O qj gta'O ckf gp'P co g< aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "

"

Rrcvg'qh'Dkt vj < "" aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "" Cr r rkgf 'hqt 'Uqekn'Ugewtkf { 'P wo dgt 'qp< aaaa laaaa laaaa "

"

### ADDRESS

J qo g'Cfft gu< " \_\_\_\_\_ Cr v0%< " \_\_\_\_\_

Ekf< " \_\_\_\_\_ Ucvg< " \_\_\_\_\_ \ k " \_\_\_\_\_ J qo g" \_\_\_\_\_

Eqf g< " \_\_\_\_\_ Rj qpg< " \_\_\_\_\_

" \_\_\_\_\_ Egm' \_\_\_\_\_

" \_\_\_\_\_ Rj qpg< " \_\_\_\_\_

" \_\_\_\_\_ " \_\_\_\_\_

### EMERGENCY CONTACT

Go gti gpe { 'Eqpvcev< " \_\_\_\_\_ Go gti gpe { 'Rj qpg< " \_\_\_\_\_

" \_\_\_\_\_ " \_\_\_\_\_

Tgrv'kpuj k< \_\_\_\_\_ " \_\_\_\_\_

" \_\_\_\_\_ " \_\_\_\_\_

## OFFICE USE ONLY

### POSITION INFORMATION

- Administrator       Clerical (153)       Maintenance (805)       SEO       Casual/Temp  
 Faculty       Adjunct       Graduate Assistant       Hourly  
 Other (Please specify): \_\_\_\_\_

If **Graduate Assistant** (nature of the position):       Research       Teaching       Other \_\_\_\_\_

**Time Status:**       Full-Time       Part-Time

**Benefits Status:**       Benefitted       Non-Benefitted       Pension Only

### WORK ADDRESS

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Floor: \_\_\_\_\_ Campus: \_\_\_\_\_ Extension: \_\_\_\_\_

### ASSIGNMENT/SALARY INFORMATION

Title: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Scheduled Hours: \_\_\_\_\_

Salary: \$ \_\_\_\_\_       Annual       Hourly       One Time Payment       Per appointment

If grant funded:       Per appointment based on an annual of \$ \_\_\_\_\_

Budget1:      FUND: \_\_\_\_\_      ORG: \_\_\_\_\_      ACCT: \_\_\_\_\_      PROG: \_\_\_\_\_      PCT %: \_\_\_\_\_

Budget2:      FUND: \_\_\_\_\_      ORG: \_\_\_\_\_      ACCT: \_\_\_\_\_      PROG: \_\_\_\_\_      PCT %: \_\_\_\_\_

Department: \_\_\_\_\_

Replaced (if applicable): \_\_\_\_\_      Effective: \_\_\_\_\_

Timesheet Approver (if applicable) PRINT NAME: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### REQUIRED EMPLOYMENT DOCUMENTATION

The documents listed below must be submitted in order for a new hire employee to work at Fordham University. *Documents must be received within 72 hours of employment.*

- Employment Eligibility Form (19)       W-4 Federal Tax Form       IT-2104 OR IT-2104E NYS Tax Form

### AUTHORIZED SIGNATURES

Department: \_\_\_\_\_

Approval: \_\_\_\_\_      Date: \_\_\_\_\_

Print Name: \_\_\_\_\_      Ext: \_\_\_\_\_

Dean/Director/VP: \_\_\_\_\_      Date: \_\_\_\_\_

(if applicable)      Print Name: \_\_\_\_\_      Ext: \_\_\_\_\_

### HUMAN RESOURCES OFFICE ONLY

Human Resources: \_\_\_\_\_      Date: \_\_\_\_\_

HRIS: \_\_\_\_\_      Date: \_\_\_\_\_

Verified By: \_\_\_\_\_      Date: \_\_\_\_\_