



**College of Southern Idaho
New Hire Notice**

Name _____ Date _____

Social Security # _____ Supervisor _____

Position/Job Title _____ Average Hours that will be worked per week _____

_____ Months worked per year _____ Days worked per year _____ Hours worked per year _____ FTE _____

Position is to be: _____ Temporary Part-Time Full-Time Grant Funded
 _____ Regular Part-Time Full-Time Grant Funded

Position is: _____ Faculty _____ Exempt _____ Non-Exempt

Work Location: Building _____ Room _____ Phone # _____

Hire Date _____ Rate of Pay: Hourly Rate \$ _____

Start Date _____ Monthly Salary \$ _____

Annual Salary \$ _____

Dept. Name _____ Dept. Number _____ Account Number _____

BENEFITS

Please check all that apply

- Worker's Compensation All employee
- FICA/Medicare All employees
- Health/Dental Insurance Eligible employees
- Retirement Eligible employees
- Life/Disability Eligible employees
- Vacation Eligible employees
- Sick Leave Eligible employees
- Comp Time Eligible non-Exempt Employees

CAMPUS SERVICES

Please check all that apply

- * Set up E-Mail Account
 - * Set up Computer Network Access
 - * Include in the Web Faculty/Staff Directory
 - * Include in the Phone Directory
- * To have access or be included in the above, employees must be full-time, regular part-time or adjunct faculty

NOTE: All fringe benefits will be reviewed by the Human Resource office. The employment relationship with the College of Southern Idaho is based on the mutual consent of the employee and the employer. The relationship can be terminated at will any time.

Director/Dept Chair's Signature

Date

Dean's Signature

Date

Vice-President's Signature

Date

President's Signature (all full-time)

Date

Employee's Signature

Date