



New Hire Form

Name _____ Date _____

Social Security or ID #) _____ Supervisor _____

Position/Job Title _____ Average hours to be worked/week _____

_____ Months per year _____ Days per year _____ Hours per year _____ Default hours _____ FTE

- Position is:
- Regular
 - Temporary
 - Full-time
 - Part-time
 - Exempt
 - Non-Exempt
 - Student only
 - Grant funded

Work Location: Building _____ Room _____ Phone # _____

Contract Dates _____ to _____ Rate of Pay: Hourly \$ _____
(If applicable)

Monthly/Misc. Rate \$ _____

First day of work _____ Annual Salary \$ _____

Dept. Name _____ Payroll Dept. # _____ Acct. # _____

BENEFITS: Please check all that apply (To be reviewed by the Human Resource Office)

- Medical Insurance Eligible employees
- Retirement Eligible employees
- Life/Disability Eligible employees
- Vacation Eligible employees
- Sick Leave Eligible employees
- Comp Time Eligible non-Exempt Employees

Supervisor Signature

Date

Next Level Supervisor Signature

Date

VP/AVP Signature (FULL-TIME ONLY)

Date

Employee's Signature

Date

NOTE: The employment relationship with the College of Southern Idaho is based on the mutual consent of the employee and the employer and can be terminated at will any time. Rev: 7/2017

This page to be completed by the supervisor.