

R.I.T Department of Human Resources Employee Action Form

NEW HIRE – STAFF

External Candidate Hire Internal Candidate Hire
 Send to Human Resources – Office of Staff Recruitment

Demographic Information		
Name:	Street :	Former RIT Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(including Adjuncts, Temps and Student Workers)</small>
Home Phone:	City/State/Zip:	Former RIT Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current/Personal Email:		University ID #: <small>(obtain from new employee)</small>

Assignment Information		
Start Date:	Department:	Supervisor:
PC Number:	Position Title:	
IRC #:	FTE:	Band:
Does Employee Supervise Others? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Employee a Department Head? <input type="checkbox"/> Yes <input type="checkbox"/> No

Standard Work Schedule			
Exempt Staff		Non-Exempt Staff	
<input type="text"/>	Hours per week	<input type="text"/>	Months per year
<input type="text"/>	Hours per week	<input type="text"/>	Weeks per year
Fulltime: 40 hrs per wk (10, 11, 12 mos per yr only)		Fulltime: >= 1500 hrs per yr	
Ext Part Time: 20 - 39 hrs per wk OR 40 hrs per wk and <10 mos per yr		Ext Part Time: 750 – 1499 hrs per yr	
Part Time: < 20 hrs per wk		Part Time: < 750 hrs per yr	

Salary and Accounting			
Annual Salary	\$:	<small>(must be stated as ANNUAL amount, this amount will be divided by 24 to calculate the amount per pay period)</small>	OR Hourly Rate of Pay
*Budgeted Salary	\$:	<small>*If actual salary/wage rate is higher than budgeted amount, please attach an explanation for the source of additional funds.</small>	*Budgeted Hourly Rate
Funding End date: <small>(for grant funded positions only, termination EAF required when position ends)</small>			

Costing Start Date:	End Date:	Proportion of Salary:
Account #		%
Account #		%
Default Account Number	Start Date	
Account #		100%

Signatures			
Completed By:	Print Name	Ext.:	Date:
1 st Approval (required)	Print Name		Date:
2 nd Approval (optional)	Print Name		Date:
3 rd Approval (optional)	Print Name		Date:
Required Signatures - Grants Only (Project Numbers that start with 3, A-F or P)			
Principal Investigator	Print Name	Ext.	Date:
Accounting Representative	Print Name	Ext.	Date: