

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

NEW HIRE – RIT TEMPORARY EMPLOYEE (Non-Agency)

Do not use when hiring into a temporarily funded position with a PC number

Demographic Information

Name: _____ Phone: _____ Street : _____ City/State/Zip: _____ Email Address: _____	Former RIT Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No (including RIT Temps and Student Workers) Former RIT Student: <input type="checkbox"/> Yes <input type="checkbox"/> No University ID #: _____ (obtain from New employee)
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Assignment Information

Start Date: _____	End Date: _____
Supervisor: _____	Department: _____
Hours Per Week: _____	Exempt: <input type="checkbox"/> Non-Exempt: <input type="checkbox"/>

Salary and Accounting

Hourly Rate of Pay \$: _____	OR Total Contract Amount: (Professional Temp Only) _____
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	Proportion of Salary:
Account # _____	%
Account # _____	%
Account # _____	%
Account # _____	%
Account # _____	%

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 #s that start with 3, A-F or P)

Principal Investigator Print Name	Ext.	Date:
Accounting Representative Print Name		

For HR Use Only: Criminal Background Check Date: _____
