**HIRING INFORMATION FORM**

Effective Date: 01/31/2018

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| **Section 1: EMPLOYEE, EFFECTIVE DATE, POSITION, REPORTS TO, DEPARTMENT INFORMATION [COMPLETED BY THE AGENCY’S HR LIAISON]** |
| **Name of Hire:** **EMPL ID: COV ID:**  | **Effective Date:** |
| **Position Number: Pay Band: Position Exp. Date: Role Code:** **Working Title:** **Role Title: Supervisor Level:**  | **Hiring Manager Name:** **Hiring Manager Position Number: Dept. Name:** **Dept. Number:** **Dept. Account/Fund Number(s) to Charge Position:** **( %)** **( %)** **( %)** |
| **Approved Annual Salary/Hourly Rate: $** **Most recent annual/hourly salary**: **$ Percent change %****Is applicant a current state employee?** ☐ Yes ☐ No **If Yes, at what agency?**  |
| **Exceptional Recruitment:*** **Leave Advance** Amount of Hours: ☐ **Leave Incentive**
* **Sign-On Bonus** Amount **$** ☐ **Moving Allowance** Amount: **$**
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| **Section 2: KEYING INFORMATION [COMPLETED BY THE AGENCY’S HR LIAISON]** |
| **Position:** ☐ New Position ☐ Existing Position**Position Type**: ☐ Classified (70) ☐ Admin Faculty (70 / 71 / 74) ☐ Prof. Faculty (70) ☐ Teaching Faculty (77 / 71)* Adjunct Faculty (44) ☐ WDS Faculty (43)
* Wage (40) ☐ Federal Workstudy (41) ☐ Other Workstudy Student (42) ☐ SA / Tutor (42)

**FICA Status (if EE is a student):** ☐ Exempt ☐ Non-Exempt**FLSA / Overtime Status:** ☐ Exempt ☐ Non-Exempt**Regular/Temp/Restricted: Job End Date (if Restricted): SOC: EEOC: Alternate Schedule / Telework:** ☐ Yes ☐ No**Conflict of Interest:** ☐ Yes ☐ No **Sensitive Position:** ☐ Yes ☐ No**Email: State Phone:**  |

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| **Section 3: PAYROLL DATA [KEYED IN HRMS/PMIS BY THE SSC]** |
| **Funding Source: Dept Fund Program (FT) Subprogram (FT) Campus** **Sex: DOB: Contract Length: Account/Object: Location/FIPS: Citizenship/Alien Code: Workers’ Comp Code**:  |
| **Section 4: TRANSACTION FOR SSC TO KEY** |
| **EMPLOYEE:** Hire Type (if known):* New Hire - New Employee to VCCS and COV
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| * New Employee to VCCS but already COV employee
	+ State Rehire – (list previous employment & dates)

**Agency Name:** **State Employment Begin Date:** * + Transfer
		- Competitive Voluntary
		- Non-Competitive Voluntary

**Agency Name:** **State Employment Begin Date:** * + Promotion
 |
| * Current / Previous VCCS Employee / Student
	+ Student:
	+ Rehire
		- Faculty Transfer
		- Rehire to PT
		- Rehire – Salaried New in PMIS
		- Salaried Rehire –Exists in PMIS
		- Transfer in Lieu of Layoff

**Agency Name:** **State Employment Begin Date:** * + Transfer
		- Competitive Voluntary
		- Non-Competitive Voluntary

**Agency Name:** **State Employment Begin Date:** * + Promotion
	+ Demotion
		- Competitive Voluntary
		- Non-Competitive Voluntary
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| * In-Band Adjustment:
	+ Change in Duties
	+ Retention
	+ Internal Alignment
	+ Application of New Knowledge/Skills/Abilities from education, certifications, licensure, etc.
* Role Change:
	+ Upward
	+ Lateral
	+ Downward
* Other:
 |
| * Termination
	+ Death
	+ No Show on First Day/Reneged
	+ Removal - Faculty
	+ Removal – Inability to Perform Duties
	+ Removal – Unsatisfactory Performance During Probation
	+ Removal – Standards of Conduct
	+ Resign – Better Job
	+ Resign –Dissatisfied
	+ Resign – During Probation
	+ Resign – Home Responsibilities
	+ Resign – Ill Health
	+ Resign – Leaving Area
	+ Resign – Military Service
	+ Resign – Other
	+ Resign – School
	+ Retirement – Service
	+ Retirement – Enhanced
	+ Separation – Completed Limited Appointment
	+ Separation – LTD
	+ Transfer – VCCS Agency
	+ Transfer – Non-VCCS Agency
	+ Transfer to Exempt Agency
	+ Transfer to Local Agency
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| **Section 5: WORKFLOW/CHECKLIST** |
| Date Sent to SSC |  |
| Date Placed into Onboarding System |  |
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| Copy of Offer Letter or Contract |  |
| P3 & P3A (if applicable) |  |
| W-4 |  |
| VA-4 State |  |
| Direct Deposit form |  |
| I-9 form |  |
| Emergency Contacts |  |
| Parking Registration Form |  |
| Benefits forms (if completed) |  |
|  |
| Date entered into HRMS |  |
| Date entered into PMIS |  |
| Date Team Dynamix ticket entered (if applicable) |  |
| Information verified in VNAV (if applicable) |  |
| Date submitted to SSC/Agency Payroll |  |
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Additional Information for the SSC:

HR Coordinator for SilkRoad

**Date**

**HR Director/Manager/AVP/VP of Admin *OR* Designee**

**Comments:**

**By typing my name below and checking the box below, I acknowledge my approval of this action.**

Approve w/Modification:

**HUMAN RESOURCES APPROVAL:**

Approve as submitted

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