



New Hire Data Information Form

First Name _____ Last Name _____ Middle _____

Phone # _____ Email _____

Currently employed or previously employed at UCI? Yes ___ No___

Department Name _____ Emp ID # _____

UCI Student Status Information

UCI Student ID # _____

Academic Status: Freshman ___ Sophomore ___ Junior ___ Senior ___ Extension/Summer ___

Graduate ___ Not Enrolled ___

Does student have Work Study? Yes ___ No ___

Employee Signature _____ Date: _____

Employer/Supervisor

Department Name _____ Department ID _____

Hiring Manager _____

Tentative Start Date _____ (For students, the appointment end date is set to conclude at the end of the Spring academic year. If the specified end date exceeds this period, an extension of the appointment will be required.)

Employment Type (Staff Career, Staff Contract, Contingent Worker (volunteer), Student)

FTE % _____ (For students, only permitted to work up to 49% of the time per week during the academic year.)

Job Title _____ Job Code _____

Working Title _____

Monthly Rate _____ Hourly Rate _____ Stipend Amount _____

Position # _____ Account Fund/KFS # _____

Project Code _____

For Time Reporting System (TRS)

Primary Supervisor _____ Backup Supervisor _____

Supervisor Approval _____ Date: _____