CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK THE CORRECT BOX(ES):

☐ **NEW HIRE**

☐ **RE-HIRE**

☐ **PART-TIME**
- ☐ Fresno State Faculty
- ☐ Fresno State Staff
- ☐ Non-Fresno State Employee

☐ **STUDENT AT FRESNO STATE**

_____ #of units enrolled for:

☐ Fall ☐ Spring ☐ Summer

☐ **CHANGE**
- ☐ Address
- ☐ Cost Center
- ☐ Pay Increase
- ☐ Other: _____

TO BE COMPLETED BY EMPLOYEE

Name:	Social Security Number:

Mailing Address: _____ Phone Number: _____

Street Apt. # City State Zip Code

Fresno State Email Address: _____@mail.fresnostate.edu

☐ Married ☐ Single	☐ Male ☐ Female	Date of Birth:	Check Route: ☐ Bookstore ☐ Foundation ☐ US Mail

Have you worked or are you currently working for the Association, Ag Foundation, Fresno State Programs for Children or Fresno State?

☐ Yes ☐ No If yes, Last Day Worked: _____ Department: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION 401K PLAN

I wish to contribute to the Foundation 401K plan ☐ Yes, I will complete the enrollment and beneficiary forms. ☐ No, I decline to contribute.

ACKNOWLEDGEMENTS

I have received and acknowledge the following forms as part of the new hire packet:

- ☐ Nature of Employment Agreement
- ☐ Interim Vaccine Policy
- ☐ AB 469 Rate and Payday Notification
- ☐ Drug Free Workplace Policy
- ☐ Injury and Illness Prevention Program
- ☐ Employee Handbook (available on www.Auxiliary.FresnoState.edu)
- ☐ W4 and DE 4 Form
- ☐ I-9 Employment Eligibility Form

Dated: _____ Employee Signature: _____

TO BE COMPLETED BY SUPERVISOR

Cost Center/Obj. Code/Subsidiary:	**Date of Hire or Re-hire:**	**Mail Stop:**
Pay Rate or Flat Rate Amount:	**Position Title:**	

Is it likely that this position would have contact with minors (individuals under the age of 18)?
☐ **Yes** ☐ **No**

Confidential Data Access? ☐ **Yes** ☐ **No**	**Is driving a requirement for this position?** ☐ **Yes** ☐ **No**	**Supervisory Responsibility?** ☐ **Yes** ☐ **No**

Nepotism: "Related employees are not permitted to work in job positions in which a conflict of interest could arise or in a direct supervisory relationship." To my knowledge, this hire does not violate the Foundation Nepotism policy. _____Employee Initials _____ Supervisor Initials

PAY INCREASE *Please attach justification and AB 469

Reason for Increase:

Current Hourly Rate:	New Hourly Rate:	Effective Date:

APPROVALS REQUIRED

Employee Signature	Date
Supervisor Signature	Date
Program/Project Director Signature	Date
Post Award Analyst Signature	Date

OFFICE USE ONLY

Aux ID:	Date:	Entered by:	Paid Sick Leave:	Date:	Reviewed by:	Date: