

# CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATED STUDENTS, INC.

## STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

**PLEASE CHECK THE CORRECT BOX(ES):**

<input type="checkbox"/> <b>NEW HIRE</b>	<input type="checkbox"/> <b>PART-TIME</b>	<input type="checkbox"/> <b>STUDENT AT FRESNO STATE</b>	<input type="checkbox"/> <b>CHANGE</b>
<input type="checkbox"/> <b>RE-HIRE</b>	<input type="checkbox"/> Fresno State Faculty <input type="checkbox"/> Fresno State Staff <input type="checkbox"/> Non-Fresno State Employee	_____ #of units enrolled for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Address <input type="checkbox"/> Cost Center <input type="checkbox"/> Pay Increase <input type="checkbox"/> 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			
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth: _____			
Have you worked or are you currently working for the Association, Foundation, or Fresno State Programs for Children or Fresno State?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Last Day Worked: _____ Department: _____	

### EMERGENCY CONTACT INFORMATION

In case of emergency, notify:

Name: _____	Relationship: _____	Phone: _____
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### ACKNOWLEDGEMENTS

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

<input type="checkbox"/> Nature of Employment Agreement	<input type="checkbox"/> Injury and Illness Prevention Program
<input type="checkbox"/> ASI Arbitration Agreement	<input type="checkbox"/> ASI Employee Handbook (available on www.Auxiliary.com)
<input type="checkbox"/> AB 469 Rate and Payday Notification	<input type="checkbox"/> W-4 Form
<input type="checkbox"/> Drug Free Workplace Policy	<input type="checkbox"/> I-9 Employment Eligibility Form

Dated: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISOR

<b>Cost Center/Obj. Code/Subsidiary:</b>	<b>Date of Hire or Re-hire:</b>	<b>Mail Stop:</b>
<b>Pay Rate:</b>	<b>Position Title:</b>	
<b>Confidential Data Access?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is driving a requirement for this position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supervisory Responsibility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is it likely that this position would have contact with minors (individuals under the age of 18)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Neptism:</b> "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 Auxiliary Services Neptism policy. _____ <b>Employee Initials</b> _____ <b>Supervisor Initials</b>		

### PAY INCREASE \*Please attach justification and AB 469

Reason for Increase: \_\_\_\_\_

Current Hourly Rate: _____	New Hourly Rate: _____	Effective Date: _____
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### APPROVALS REQUIRED

Employee Signature	Date
Supervisor Signature	Date
Approving Manager Signature	Date

### OFFICE USE ONLY

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