

# CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, 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"/> Fresno State Faculty <input type="checkbox"/> Fresno State Staff <input type="checkbox"/> Non-Fresno State Employee	<input type="checkbox"/> <b>STUDENT AT FRESNO STATE</b> #of units enrolled for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> <b>CHANGE</b> <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: _____ Street Apt. # City State Zip Code			Phone Number: ( ) _____
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 Foundation, Ag 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: _____
-------------	---------------------	--------------

### 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"/> Association Arbitration Agreement	<input type="checkbox"/> CalPERS Exclusion Form
<input type="checkbox"/> AB 469 Rate and Payday Notification	<input type="checkbox"/> Association Employee Handbook (available on www.Auxiliary.com)
<input type="checkbox"/> Drug Free Workplace Policy	<input type="checkbox"/> I-9 Employment Eligibility Form
<input type="checkbox"/> CANRA Acknowledgment	<input type="checkbox"/> Federal W-4

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

### TO BE COMPLETED BY SUPERVISOR

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

**Neptism:** "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 Association Neptism policy. \_\_\_\_\_ Employee Initials \_\_\_\_\_ Supervisor Initials

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

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

Current Hourly Rate: _____	New Hourly Rate: _____	Effective Date: _____
----------------------------	------------------------	-----------------------

### AUTHORIZATION 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: _____
---------------	-------------	-------------------	------------------------	-------------	--------------------	-------------