

CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK THE CORRECT BOX(ES):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> PART-TIME | <input type="checkbox"/> STUDENT AT FRESNO STATE | <input type="checkbox"/> CHANGE |
| <input type="checkbox"/> RE-HIRE | <input type="checkbox"/> Fresno State Faculty | _____ #of units enrolled for: | <input type="checkbox"/> Address |
| | <input type="checkbox"/> Fresno State Staff | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | <input type="checkbox"/> Cost Center |
| | <input type="checkbox"/> Non-Fresno State Employee | | <input type="checkbox"/> Pay Increase |
| | | | <input type="checkbox"/> Other: _____ |

TO BE COMPLETED BY EMPLOYEE

| | | | |
|--|---------------------------------|-------------------------------|---------------------------------|
| Name: _____ | | Social Security Number: _____ | |
| Mailing Address: _____ <small>Street Apt. # City State Zip Code</small> | | | 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 Association, Foundation, Ag Foundation, 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"/> CalPERS Exclusion Form |
| <input type="checkbox"/> AB 469 Rate and Payday Notification | <input type="checkbox"/> Athletic Corp 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 |
| <input type="checkbox"/> Injury and Illness Prevention Program | <input type="checkbox"/> State Withholding Allowance Certificate |

Dated: _____ Employee Signature: _____

TO BE COMPLETED BY SUPERVISOR

| | | |
|---|---|---|
| Department/Chartfield: _____ | 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 |

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 Athletic 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: _____ |
|----------------------------|------------------------|-----------------------|

AUTHORIZATION REQUIRED

| | |
|--------------------------------------|------|
| Employee Signature | Date |
| Supervisor Signature | Date |
| Approving Sport Supervisor Signature | Date |
| Athletic Business Office Signature | Date |

OFFICE USE ONLY

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