

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK THE CORRECT BOX(ES):

<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE	<input type="checkbox"/> PART-TIME <input type="checkbox"/> Fresno State Faculty <input type="checkbox"/> Fresno State Staff <input type="checkbox"/> Non-Fresno State Employee	<input type="checkbox"/> STUDENT AT FRESNO STATE #of units enrolled for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> CHANGE <input type="checkbox"/> Address <input type="checkbox"/> Cost Center <input type="checkbox"/> Pay Increase <input type="checkbox"/> Other: _____
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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: _____	Check Route: <input type="checkbox"/> Bookstore <input type="checkbox"/> Foundation <input type="checkbox"/> US Mail
Have you worked or are you currently working for the Association, 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

Name: _____	Relationship: _____	Phone: _____
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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:

<input type="checkbox"/> Nature of Employment Agreement	<input type="checkbox"/> Injury and Illness Prevention Program
<input type="checkbox"/> Foundation Arbitration Agreement	<input type="checkbox"/> Foundation Employee Handbook (available on www.Auxiliary.com)
<input type="checkbox"/> AB 469 Rate and Payday Notification	<input type="checkbox"/> W4 Form
<input type="checkbox"/> Drug Free Workplace Policy	<input type="checkbox"/> 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)? <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 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: _____
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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: _____
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