



FORDHAM UNIVERSITY

EMPLOYEE NEW HIRE FORM

EMPLOYEE INFORMATION

(To be completed by Employee)

Hktuv'P co g< " _____ O kf f rg'kpkkn< " _____ Ncuw'P co g< " _____
 HKF P < _____ F cvg'qh'Dkt vj _____ I gpf gt< "O crg" "Hgo crg"
 O ctken'Ucww< "Ukpi rg" "O ctt kgf" "Ugr ctcvzf" "F kxqtegf" "Y kf qy gf"
 Gvj plek{< " _____ Ct g' {qw'J kur cple'qt 'Ncvkq lNcvkpcA' " _____ [gu" "P q"
 Tceg*Ej gen'qpg'qt'o qt g< "Y j kg" "Drcem'qt 'Cht lecp/Co gt lecp" "Cukcp"
 "Co gt lecp'kpf lcp lCrcunep'P cvkxg" "P cvkxg'J cy ckcp'qt 'Qvj gt 'Rcekle 'Kircpf gt"
 Hqtf j co 'Uwf gpv< "P q" [gu" (if yes): "Hwn'Vlo g" "Rct v'Vlo g"

CITIZENSHIP INFORMATION

Kco *ej gen'qpg'qh'vj g'hqny kpi +<
 "C'ekkl gp'qt 'pcvqpcn'qh'vj g'Wpkvgf 'Ucvgu"
 "C'rcy hwn'r gt o cpgpv't gulf gpv" *Crlgp "%aaaaaaaaaaaaaaaaaaaaa+ "
 "Cp'crkpg'cwj qtk gf 'vq'y qtn'wvkn" aaaa laaaa laaaa *Crlgp "%qt 'Cf o kulq" "%aaaaaaaaaaaaaaaaaaaaa+ "
Note: If you currently do not have a social security number and are in the process of applying for one, please fill out the additional personal information below as required by the Social Security Administration:
 Hcvj gta'Hwn'P co g< aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "" O qj gta'O ckl gp'P co g< aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "
 Rrcvg'qh'Dkt vj < "" aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "" Cr r klgf 'hqt 'Uqekn'Ugewtk{ 'P wo dgt 'qp< aaaa laaaa laaaa "

ADDRESS

J qo g'Cfft gu< " _____ Cr v0%< " _____
 Ek{< " _____ Ucvg< " _____ \ k " _____ J qo g"
 Efq g< " _____ Rj qpg< " _____
 " " " _____ Egm'
 " " " _____ Rj qpg< " _____
 " " " _____ " _____

EMERGENCY CONTACT

Go gti gpe { 'Eqpvcev< " _____ Go gti gpe { 'Rj qpg< " _____
 Tgrv'kpuj k< " _____
 " " _____

OFFICE USE ONLY

POSITION INFORMATION

- Administrator Clerical (153) Maintenance (805) SEO Casual/Temp
 Faculty Adjunct Graduate Assistant Hourly
 Other (Please specify): _____

If **Graduate Assistant** (nature of the position): Research Teaching Other _____

Time Status: Full-Time Part-Time

Benefits Status: Benefitted Non-Benefitted Pension Only

WORK ADDRESS

Building: _____ Room: _____ Floor: _____ Campus: _____ Extension: _____

ASSIGNMENT/SALARY INFORMATION

Title: _____

Start Date: ____/____/____ End Date: ____/____/____ Scheduled Hours: _____

Salary: \$ _____ Annual Hourly One Time Payment Per appointment

If grant funded: Per appointment based on an annual of \$ _____

Budget1: FUND: _____ ORG: _____ ACCT: _____ PROG: _____ PCT %: _____

Budget2: FUND: _____ ORG: _____ ACCT: _____ PROG: _____ PCT %: _____

Department: _____

Replaced (if applicable): _____ Effective: _____

Timesheet Approver (if applicable) PRINT NAME: _____

Additional Comments: _____

REQUIRED EMPLOYMENT DOCUMENTATION

The documents listed below must be submitted in order for a new hire employee to work at Fordham University. *Documents must be received within 72 hours of employment.*

- Employment Eligibility Form (19) W-4 Federal Tax Form IT-2104 OR IT-2104E NYS Tax Form

AUTHORIZED SIGNATURES

Department _____

Approval: _____ Date: _____

Print Name: _____ Ext: _____

Dean/Director/VP: _____ Date: _____

(if applicable) _____ Ext: _____

Print Name: _____

HUMAN RESOURCES OFFICE ONLY

Human Resources: _____ Date: _____

HRIS: _____ Date: _____

Verified By: _____ Date: _____