

HR Office Only:

SOUTHERN UTAH UNIVERSITY
Payroll Action Request
Temporary Staff New Hire Form

T # _____

I-9 Completed [] Init _____

*Hire Date: _____

Pay: _____

Job # _____

EMPLOYEE SECTION - Please Print:

Employee Name (Last, First, MI) _____

Social Security Number _____

Sex: Male _____ Female _____

Marital Status: Single _____ Married _____ Divorced _____ Widow _____

Ethnic Origin: White _____

Black _____

Hispanic _____

Other _____

American Indian/Alaska Native _____

Asian/Pacific Islander _____

Email Address _____

Mailing Address for Paychecks (if no direct deposit) _____

Phone Number _____

Date of Birth _____

_____ I am **not** related to any current SUU staff or faculty employee(s).

_____ I am related to the following current SUU staff or faculty employee(s).

If you are currently enrolled for 6 credit hours or more, please mark here []

Name	Department	Relationship

I acknowledge that I have received information on SUU's drug-free workplace and sexual harassment policy websites. I also certify that I will provide the proper tax forms to Human Resources. **I recognize that if I am enrolled for 6 or more credit hours during my employment that these wages will be exempt from unemployment benefits.** I acknowledge that any future employment contracts will be submitted electronically and copies can be obtained from the department. I state that the above information is complete and accurate and I accept this appointment under the terms and conditions specified.

Employee Signature _____

Date _____

EMPLOYER SECTION - Please Print:

Job Title for this position _____

Start Date of Position _____ / _____ / _____
(I-9 documentation must be completed before or on start date)

End Date of Position _____ / _____ / _____

Job Duties for the position _____

Initiating Authority Signature (Admin Asst)** _____

Total Job Salary for the position _____

Intermediate Authority Signature (Department Chair/Director)** _____

Department fund/org/acct/prgm or INDEX* _____

Administrative Authority Signature (Dean/Vice President)** _____

*On temporary staff positions, departments pay 100% of the salary cost + 8-10% in benefit costs for FICA/MED and Workers Compensation.

**This form should be signed by different individuals approving the hire.

_____ W-4 _____ I-9

_____ Policies _____ E-Verify

_____ Budget Initial/Date

_____ HR Initial/Date

_____ Payroll Initial