

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

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
<input type="checkbox"/> Fresno State Staff
<input type="checkbox"/> Non-Fresno State Employee | #of units enrolled for:
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | <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: _____ <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 Foundation, Ag Foundation, or Fresno State Programs for Children?			
<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: _____
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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: _____
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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

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 Association 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 Manager Signature	Date

OFFICE USE ONLY

Aux ID:	Date:	Entered by:	Paid Sick Leave:	Date:	Reviewed by:	Date:
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