

# CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

## STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

**PLEASE CHECK THE CORRECT BOX(ES):**

<input type="checkbox"/> <b>NEW HIRE</b>	<input type="checkbox"/> <b>PART-TIME</b>	<input type="checkbox"/> <b>STUDENT AT FRESNO STATE</b>	<input type="checkbox"/> <b>CHANGE</b>
<input type="checkbox"/> <b>RE-HIRE</b>	<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: _____		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, or Fresno State Programs for Children?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Last Day Worked: _____ Department: _____	

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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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