

# FRESNO STATE PROGRAMS FOR CHILDREN, INC.

## 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	_____ #of units enrolled for:	<input type="checkbox"/> Address
	<input type="checkbox"/> Fresno State Staff	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Cost Center
	<input type="checkbox"/> Non-Fresno State Employee		<input type="checkbox"/> Pay Increase
			<input type="checkbox"/> Other: _____

### TO BE COMPLETED BY EMPLOYEE

Name: _____		Social Security Number: - -	
Mailing Address: _____ Street Apt. # City State Zip Code			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 Association, Foundation, or Ag Foundation?			
<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: _____

### 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"/> PFC Arbitration Agreement	<input type="checkbox"/> PFC 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: \$	Position Title:	
<b>Is it likely that this position would have contact with minors (individuals under the age of 18)?</b>		
<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

**Neptism:** "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:
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### 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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