HSC New Hire Form

This form must be received by the HSC EBO 15 days prior to start date.

Position Name	
New position?	☐ yes ☐ no
HR Organization	
FTE	
Job Type	
Hire Date(no backdating)	
Pay Year Type (9 mo, 12 mo)	
Contract Begin	
Contract End	
Check Distribution Point	
Supervisor	
Employee Name (F, M, L)	
Birth Date	
WVU ID#	
Work Address (Dept Name)	
Work Address (PO Box)	
Work Address (Room#)	
Physical Location	
Street Address	
City, State, Zip	
Phone	

Processing Date	

Salary Administration

State Salary

UHA Salary

UHA Cost Center

Total Salary

Early PSA needed: ☐ Yes ☐ No

Reason

Labor Distribution

GL Line

GL Line

GL Line

Example: Campus.DA.Fund.LineItem.Function.Project.EndDate.Percent

POETA Lines

POETA Lines

POETA Lines

Example: Project,Task.Award.Org.ExpType.End Date.Percent

Preparer's Email

Preparer's Phone

Administrator

EBO:

Comments: