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| https://www.montana.edu/msuinfo/jobs/class/msu-logo.jpg | **Human Resources****New Hire Form** |  |

**The following information is required to facilitate EPAF submittal, and to establish portal access, email, and network accounts.**

Please forward this completed *New Hire Form* to newhires@montana.edu

**Please note:** Additional forms are required by ITC to request email and network accounts.

Forms can be located at:  <http://www.montana.edu/itcenter/>

**If the New Hire requires a Background check (that has not yet been requested) please submit to** [**http://www.montana.edu/hr/Recruitment/professional/bground.html**](http://www.montana.edu/hr/Recruitment/professional/bground.html)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** |  |  |  |  |
|  | **Last Name** |  | **First Name** | **Middle Name** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Does this person already have a GID:***  |  | ***No*** |  | ***Yes*** | ***If Yes, last four digits of GID:*** |  |

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|  |  |
|  |  |
| **Gender**  |  | **Male** |  | **Female** |  |  | **US Citizen** |  | **Yes** |  | **No** |
|  |  |  |
| **Employee’s Mailing Address:** |  |  |
|  |  |  |
| Department Name: |  |  | Home Org Number: |  |
|  |  |  | Time Sheet Orgn(Z-Org Number): |  |
| Department P.O. Box:  |  |  |
| Department Contact Name:  |  |  |
| Contact Phone Number: |  |  |
|  |  |

**Please check appointment type:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Recruited over ATS? Yes |  |  No |  |  Start Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SHORT TERM |  | STUDENT |  | GRAD |  | FACULTY \_\_\_\_ NTT \_\_\_\_ TT \_\_\_\_AY \_\_\_\_ FY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | FIXED TERM \_\_\_\_\_ Salaried \_\_\_\_\_ Hourly |  | PROFESSIONAL | MUS\_\_\_\_\_\_ LOA \_\_\_\_\_\_ |
|  |  CLASSIFIED \_\_\_\_\_ Salaried \_\_\_\_\_ Hourly |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| POSITION #: |  | FTE: |  | POSITION TITLE |  |

|  |  |
| --- | --- |
| For **Professional Salaried LOA only**, is this AY or FY? |  |

In compliance with electronic security procedures, Human Resources will contact the hiring department by phone to obtain the Social Security Number and birth date of the above individual if necessary.

***Please DO NOT e-mail Social Security numbers and birth dates.***

***HR use only:***

SSN \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_