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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](mailto: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)

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| **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: | | | | | | | |  |  | | | | | | | | | | | | |
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**Please check appointment type:**

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

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

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

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

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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_