## **HSC New Hire Form**

Please return within 10 Physician Onboarding effective hire date.						delay in		
Position Name								
New position?	yes	no						
HR Organization								
Campus								
FTE								
Job Type								
Hire Date(no backdating)								
Pay Year Type (9 mo,12 mo)								
Contract Begin	Contract End							
Check Distribution Point								
Supervisor								
Employee Name	Fiits	Middle		Last				
Birth Date								
Sex	Male	Female						
WVU ID#								
Current E-mail								
Department Name								
Work Address (PO Box)								
Work Address								
Building Location								
Physical Location								
Street Address								
City, State, Zip								
Phone								

**Processing Date** 

Salary Admin	istration					
State Base Sa	alary			UHA Salary		
BSSP Plan Sa	alary			UHA Supplement		
State Supplen	nent			Total UHA Salary		
Total State Sa	alary			UHA Cost Center		
Total Salary						
Early PSA nee	eded:	Yes	No			
Reason						
Labor Distril GL Line	bution					
GL Line						
GL Line						
Example: Car POETA Lines	mpus.DA.Fund.Linelte	em.Function.I	Project.End	Date.Percent		
POETA Lines						
POETA Lines						
Example: Proj	ject,Task.Award.Org.E	xpType.End	Date.Perce	nt		
Education						_
Highest Degre	ee Obtained	Instituti	on Attende	ł		
	Graduation Date		State	Country		
Secondary De	gree	Instituti	on Attende	i		
	Graduation Date		State	Country		
Preparer's Em	nail	Preparer's Phone				
Administrator						
EBO:						
Comments:						