

Samford University
Human Resources
Staff New Hire Form

New hire's name: _____ Social Security #: _____
(Print)

Date to report to work: _____ Title: _____

School/Dept.: _____ New hire reports to: _____

Campus address: _____ Campus phone #: _____ Campus fax #: _____
(bldg. & room #)

_____ Full time _____ Part time

_____ Full time, less than 12 months and dates of assignment: _____ to _____

_____ Temporary assignment; Dates of assignment from _____ to _____

Hours per week _____ Days per week _____

Rate of Pay: _____ or _____ Salary Grade: _____
(hourly) (monthly)

This new hire is replacing: _____

Position Control #: _____

FOAPAL:

Index: _____ Fund: _____ Org: _____ Acct: _____ Prog: _____ % _____

Index: _____ Fund: _____ Org: _____ Acct: _____ Prog: _____ % _____

Index: _____ Fund: _____ Org: _____ Acct: _____ Prog: _____ % _____

Signatures as applicable:

Dept Head: _____ Date: _____

Dean: _____ Date: _____

Vice Pres. or Provost: _____ Date: _____

Position Control: _____ Date: _____

Budget: _____ Date: _____

Human Resources: _____ Date: _____