SPA TEMPORARY

**HR USE ONLY**

S.S. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE ACTION FORM**

**Action Type: New Hire (Without University ID #)**

**Date: 6/15/2017**

Department Contact Name:

Contact Number:       Contact Email Address:

Alternate Department Contact Name:

Contact Number:       Contact Email Address:

**Please answer all applicable questions for this hire. Failure to do so will delay the process of this action and potentially the start date of employment.**

1. Is this employee currently employed as a UNCG SPA temporary? **Yes** [ ]   **No** [ ]
2. If “Yes” to question number 1, specify if this employee has been continuously employed for 12 consecutive months? **Yes** [ ]   **No** [ ]
	1. If “Yes”, this employee must have a 32 day break in employment before rehire.
3. Is this employee a retired State employee? **Yes** [ ]   **No** [ ]
4. If “Yes”, has this employee been out of State service for six (6) consecutive months or more? **Yes** [ ]   **No** [ ]
	1. If No, this employee may not be hired until the end of the six month period.

**PERSON INFORMATION (PPAIDEN)**

Employee ID Number:

Employee Name: ***LAST*** ***FIRST*** ***MIDDLE***  ***(NAME AS APPEARS ON SOCIAL SECURITY CARD)***

(PY) Street Address:       City:       State: NC Zip Code:

County:       Country: **US**

Telephone Contact Number:      -     -

Department Name:

Campus Address:       Campus Telephone Number:

Supervisor Name:       Contact Number:

**EMPLOYMENT INFORMATION (PEAEMPL)**

Employee Class: **ST**

Home Department Organization:       Check Distribution Organization:

Building Name:       Room #:

**JOB INFORMATION (NBAJOBS)**

Position Number:       Suffix:

Classification or Job Family:       Band:       Competency Level:

Effective Date:       End Date:      /**10**/

Job FTE: 1 hour to 20 hours, please select:  or 21 hours to 40 hours, please select:

**Enter the applicable FTE for maximum number hours to be worked per week**

Earn Code: **015** Timesheet Organization:      Encumbrance Override End Date:

Hourly Rate:       **(Hourly Rate Must Be Approved by HR. Please contact Kathy Watford @ 334.5009 for Approval.)**

**Budget Information**

* Is this assignment being paid from a grant(s)?  **Yes** [ ]  **No** [ ]
* Is there a change in Account Number for this action? **Yes** [ ]  **No** [ ]  If yes, list old account number
* Is there a change in FTE for this action? **Yes** [ ]  **No** [ ]  If yes, list old FTE for this action
* Is there additional budget needed for this action? **Yes** [ ]  **No** [ ]

If yes, list additional budgeted amount required for this action $      and Source of Funds

 **Employee Salary to be Paid from Sources as Follows:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Banner Index** | **Account** | **Position Number** | **Amount** | **Dist. %** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Comment Section**

**Approvals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department Head/Principal Investigator | Vice Chancellor/Dean or Designee | Human Resources | Budget | Contracts & Grants |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTE:** This EAF cannot be processed until Human Resources verifies the completion of the below by the employee:

* Completed and received clearance for background check to support hire with UNCG.
* Completed and/or updated online employment application through UNCGjobsearch with UNCG.

**Important Reminder:** The employee will need to visit HR to complete the Form I-9 no later than the first day of employment.

