

JEMS: Add New CP/CJ/CL

Employee Name:	Empl ID: Use if Empl ID exists.	Effective Date: mm/dd/yyyy
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Find/Add Hire

Cert #:

Person Data

First Name:

Middle Name:

Last Name:

Date of Birth:

mm/dd/yyyy

Gender:

Ethnicity: Hispanic/Latino? Yes No

Heritage Group:

Selective Service Registration:

Yes No

Required for males age 18 - 25

If No, state reason:

Sel Srv Reg Date:

mm/dd/yyyy

National ID Type:

Foreign National:

Yes

National ID (SSN):

Foreign National Working Outside US:

Yes

Person Contact Data

Release Home Information: Yes No

Address Line 1

Address Line 2

City/State

Zip Code

County

Home Addr:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Location Code

Room #

Mail Drop ID

Office Addr:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Phone:

Preferred

Busn Phone:

Preferred

Home Email:

Office Use Only

Update completed for Empl ID: _____

JEMS: Add New CP/CJ/CL

Employee Name:

Empl ID:

Effective Date:

Position Data

Effective Date:	<input type="text"/>	mm/dd/yyyy
Business Unit:	<input type="text"/>	
Department (UDDS):	<input type="text"/>	
Empl Class:	<input type="text"/>	
Job Code:	<input type="text"/>	
Title Description (Official):	<input type="text"/>	
Reason:	<input type="text"/>	
FTE:	<input type="text"/>	
HR Dept Location:	<input type="text"/>	(Location Code)
Continuity (CJ):	<input type="text"/>	Continuity (CL): <input type="text"/>

Job Data

Action:	<input type="text"/>	Action Reason:	<input type="text"/>
If Transfer, indicate prior Empl Rcd#:	<input type="text"/>		
Working Title:	<input type="text"/>		
Expected End Date (02A-C):	<input type="text"/>	mm/dd/yyyy (only for 02A, 02B, or 02C)	
Criminal Background Check:	<input type="text"/>	Position of Trust:	<input type="text"/>
Probation Type (CP):	<input type="text"/>	Probation End Date (CP):	<input type="text"/>
Seasonal Status:	<input type="text"/>		
Pay Basis:	<input type="text"/>		
Compensation Rate:	<input type="text"/>	(0.000)	

Office Use Only

Update completed for Empl ID:

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Employee Name:

Empl ID:

Effective Date:

Benefits

Benefits Intention: WRS No

Rehired Annuitant:

Work Out of State Required: Yes No

Eligible for FT State Rate: Yes No

HR Contact

Primary Contact Information

Last Name:

First Name:

Phone:

Email:

Funding Contact Information

Last Name:

First Name:

Phone:

Email:

Office Use Only

Update completed for Empl ID: _____

JEMS: Additional Information for direct entry into HRS

Employee Name:

Empl ID:

Effective Date:

Additional Information

Other Business Address				
As of Date	Country	Status	Preferred?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
Address				
Business Unit:	<input type="text"/>	Location:	<input type="text"/>	
Room Number:	<input type="text"/>			
Mail Drop ID:	<input type="text"/>			
Phone Information		Email Addresses		
Phone Type	Telephone	Extension	Email Type	Email Address
Business	<input type="text"/>	<input type="text"/>	Business	<input type="text"/>
Adjusted Continuous Service Date:	<input type="text"/>	FLSA (if mixed):	<input type="text"/>	

Signature:

Date: mm/dd/yyyy

Comments:

For Divisional Use:

Empl ID: <input type="text"/>	Empl Rcd#: <input type="text"/>	Position ID: <input type="text"/>
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