

**JEMS: Add New ET/SA/OT/\$0**

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

Other ID:

**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 (SA only):  Yes  No If No, state reason:   
Required for males age 18 - 25.  
Sel Srv Reg Date:   
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:				

  

Location Code	Room #	Mail Drop ID
Office Addr:		

Home Phone:   Preferred  
Busn Phone:   Preferred  
Home Email:

**Office Use Only**  
Update completed for Empl ID:

**JEMS: Add New ET/SA/OT/\$0**

Employee Name:

Empl ID:

Effective Date:

**Position Data**

Position Effective Date:

Business Unit:

Department (UDDS):

Empl Class:

Job Code:

Title Description (Official):

Reason:

FTE:

HR Dept Location:  (Location Code)

Back-up (Z89NN, Z99NN, or FA):  Yes  No

Continuity:

**Job Data**

Action:  Action Reason:

If Transfer, indicate prior Empl Rcd#:

Working Title:

Expected End Date:  (AS & LI, if terminal)

Criminal Background Check:  Position of Trust:

Pay Basis:  Compensation Rate:  (0.000)

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Update completed for Empl ID:

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Effective Date:

**Benefits**

Benefits Intention:       Grad       No

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:

**Payroll Coordinator Contact Information**

Title	Coordinator / Approver Name	Empl ID
Payroll Coordinator		
Payroll Coordinator (2)		
Payroll Coordinator (3)		

**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**

<u>As of Date</u>	<u>Country</u>	<u>Status</u>	<u>Preferred?</u>	<u>Address</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Business Unit: <input type="text"/> Location: <input type="text"/>
				Room Number: <input type="text"/>
				Mail Drop ID: <input type="text"/>

<u>Phone Information</u>			<u>Email Addresses</u>	
<u>Phone Type</u>	<u>Telephone</u>	<u>Extension</u>	<u>Email Type</u>	<u>Email Address</u>
Business	<input type="text"/>	<input type="text"/>	Business	<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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