

JEMS: Add New FA/LI/AS

| | | |
|----------------|---------------------------------|----------------------------|
| Employee Name: | Empl ID: Use if Empl ID exists. | Effective Date: mm/dd/yyyy |
|----------------|---------------------------------|----------------------------|

Find/Add Hire

PVL Number:

Person Data

First Name: Middle Name:

Last Name:

Date of Birth: (mm/dd/yyyy)

Gender:

Ethnicity: Hispanic/Latino? Yes No

Heritage Group:

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 FA/LI/AS

Employee Name:

Empl ID:

Effective Date:

Position Data

Position Effective Date:

Business Unit:

UWMSN

Department (UDDS):

Empl Class:

Job Code:

Title Description (Official):

Reason:

New

FTE:

HR Dept Location:

(Location Code)

Continuity:

Job Security (AS):

Guaranteed Length (AS):

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:

Probation Type (AS):

Probation End Date (AS):

Seasonal Status (AS):

Pay Basis:

Compensation Rate:

(0.000)

Office Use Only

Update completed for Empl ID: _____

JEMS: Add New FA/LI/AS

Employee Name:

Empl ID:

Effective Date:

Benefits

Benefits Intention: Grad No WRS

Rehired Annuitant (LI & AS):

Visiting From (AS-Visiting title): Yes No

Work Out of State Required: Yes No

Eligible for FT State Rate: Yes No

Prior WRS State Service: Yes No Prior WRS Local Service: 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

| As of Date | Country | Status | Preferred? | Address |
|----------------------|----------------------|----------------------|--------------------------|---|
| <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"/> |

Phone Information

| Phone Type | Telephone | Extension |
|------------|----------------------|----------------------|
| Business | <input type="text"/> | <input type="text"/> |

Email Addresses

| Email Type | Email Address |
|------------|----------------------|
| Business | <input type="text"/> |

Officer Code (VA, UWMF, ??):

FLSA (if mixed):
(AS Hourly Only)

Signature:

Date: mm/dd/yyyy

Comments:

For Divisional Use:

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