

NEW HIRE FORM

Completion of this New Hire Form by the Hiring Supervisor/Manager with the proper signatures is **required**. Provide all applicable information and please submit in Facilities & Planning [ServiceLink](#).

I. CONTACT INFORMATION		
Hiring Supervisor/Manager	Requesting Department	
Employee Name	Title	Start Date
Phone	Email	NetID
Building	Floor	Office/Workstation #
COA <i>COA is required for key replacements and new zoom lines.</i>		
NOTE: Request for office/workstation space <u>not</u> guaranteed. Facilities & Planning to review for FINAL approval.		
II. EMPLOYEE TYPE		
A. Please select all that applies to the Employee:		
<input type="checkbox"/> New UCR Staff	<input type="checkbox"/> UCR Transfer	<input type="checkbox"/> SOM Internal Transfer
<input type="checkbox"/> Promotion	<input type="checkbox"/> Replacement/Backfill	<input type="checkbox"/> Temporary/Limited/Per Diem
B. Work From Home/Office Schedule (<i>For Emergency Preparedness Employee Records Only</i>):		
Monday	Tuesday	Wednesday
Thursday	Friday	
III. KEYS (DocuSign authorization and signature is required for all keys).		
A. Hiring Supervisor/Manager to fill out DocuSign form and submit with New Hire Form in Facilities & Planning ServiceLink .		
B. Workstation Key will be inside the workstation drawer keyhole.		
C. Office Key to be picked up by the Supervisor or Employee from Benisi Penaloza, Facilities Management Specialist I Benisi.Penaloz@medsch.ucr.edu x29971.		
D. Do you require additional keys (<i>Request may take 4-6 weeks turnaround time</i>):		
<input type="checkbox"/> Yes, provide number of keys _____		
<input type="checkbox"/> No		
NOTE: It is the Supervisor's responsibility to retrieve all keys from separated employees. If Facilities & Planning does not receive the keys back within 5 business days, the Department COA will be charged.		
III. NAME SIGNAGE		
Facilities will install name signage one (1) day before Employee's start date.		
IV. UCR R'CARD		
HR will provide the Employee with an R'Card badge and access to SOM Education I, II and/or Research Buildings.		
Please indicate if the New Hire requires additional access:		
<input type="checkbox"/> File Room	<input type="checkbox"/> Storage Room	<input type="checkbox"/> Other: _____

IV. ZOOM

Does the Employee have an existing zoom phone?

- Yes, provide existing extension _____
- No, fill out information below.

Will the Employee keep a Vacant Existing Line within your department or create a New Line? (*Request may take 4-6 weeks turnaround time*):

- Yes, keep existing line. _____
- No, create a new line.

Hiring Manager Name Position Signature Date

For Facilities & Planning Use Only			
New Hire Form Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Docusign Form Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Space Assigned	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Recommend
Form Processed By	Name		Date
Comments/Additional Information:			