

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 INFORMA	ATION							
Hiring Supervisor/Manager					Requesting Department			
Employee Name		Title			Start Date			
Employee Phone		Email			NetID			
Building		Floor			Office/Works	tation#		
COA					COA is required for key replacements & new key orders.			
	NOTE: Requ	est for office/	workstation sp	ace is <u>not</u>	guaranteed.			
II. EMPLOYEE TYPE								
A. Please select all that ap	pplies to the En	ployee:						
□ New Employee □ UCR Transfer □ SOM Internal Transfer					sfer			
□ Promotion □ Replacement/Backfill □ Temporary/Limite					l/Per Diem			
B. Work From Home/O	ffice Schedule (For Emergency P	reparedness Empl	oyee Records	Only):			
Monday Tuesday		Wednesday		Th	ursday	Friday		
III. KEYS (Docusign auth	orization and s	ignature is requ	iired for all keys	s).				
A. Workstation key will be	e placed in the	workstation dra	ıwer keyhole be	fore new e	mployee's star	t date.		
B. Office keys to be picket		-		•		* *		
C. If you require addition	al keys for this	employee, plea	se state which k	eys (Reque.	st may take 4-6	weeks turnaround time):		
D. Dogueign form will be	a some often brown	and noncirred						
D. Docusign form will be E. REMINDER: It is the	,		v to retrieve al	l kevs fror	n separated e	mployees. If Facilities		
Planning does not re	-	-	•	•	-	- ·		
IV. NAME SIGNAGE &	BADGE ACCE	ESS						
Facilities will install name sig	gnage (1-3) days l	pefore Employee	's start date. If ad	ditional bad	lge access is need	ded submit a new seperate ticke	:t.	
V. MANAGER APPROVA	AL							
Hiring Manager Name		osition		Signature		Date		