

**Old Dominion University
E-1 Temporary Employment Data Form - Hourly Staff (4021)**

Employee **must not** begin working until all employment forms have been approved by the Department of Human Resources. **Supervisors will be advised as to the date the new employee may begin working.** Supervisors are responsible for tracking work hours so that the employee does not work more than 1,500 hours from begin date to one year anniversary of that date.

EMPLOYEE DATA:

Department:		Budget Code:		Position Number:	
Last Name:		First Name:		MI:	Social Security #:
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:		
Citizenship: <input type="checkbox"/> US. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien If foreign born, indicate country of origin:			Veteran Status: Veteran of Vietnam War era? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran of other war era? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address/Street:		City:	State:	Zip:	Home Phone:
Emergency Contact: Last Name:		First Name:		MI:	Phone Number:
Emergency Address: Street:		City:	State:	Zip:	
Department Campus Address: Building:			Room #:	Department Phone:	
Joint Employment Verification: Is this person a current ODU employee in another capacity? ___ Yes ___ No If yes, type of employee: _____ If yes, attach approval for joint employment from current supervisor. (required)					

POSITION DATA: (This section is to be used for hiring new employees.)

Position Title:		Begin Date:		End Date: (if Emergency Hire)	
Hours per week: (Normal maximum allowed is 30) (Exceptions must be pre-approved by Human Resources)	Hourly pay rate: (attach justification if above pay band minimum)	Weeks in period:	Total Amount:		
Name of supervisor (who will be approving work hours on web time entry):		Supervisor UIN #:		Supervisor Position #:	

CHANGE DATA: (This section to be used to change rate of pay or end date of employment period)

Effective date of rate change:	Present Rate:	New Rate:	Present End Date:	New End Date:
Justification for rate change:				

TERMINATION DATA:

Termination Code: (Required) Click for Codes	Termination Date: (last date employee worked)
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AUTHORIZATION:

Budget Unit Director: _____ Date: _____

Human Resources: _____ Date: _____

Human Resources Use Only:

Previous Status: _____ I-9 received? ___ Yes ___ No SSN card received? ___ Yes ___ No Direct Deposit Form ___ Yes ___ No
Processed by: _____ Date: _____