



**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 over a twelve month period.

**EMPLOYEE DATA:**

Department:		Budget Code:		Position Number:	
Last Name:		First Name:		MI:	UIN#:
Birthdate:	Gender: Male 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:	
<b>Joint Employment Verification:</b> 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. <b>(required)</b> Does this person currently work for any other Commonwealth of Virginia Agency? ___Yes___No If yes, agency name: _____ If yes, attach approval for outside employment from current supervisor. <b>(required)</b>					

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

Position Title:		Begin Date:	
Hours per week: (Normal maximum allowed is 29)	Hourly pay rate: (attach justification if above pay band minimum)		
Name of supervisor (who will be approving work hours on web time entry):		Supervisor UIN #:	Supervisor Position #:

**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: \_\_\_\_\_