

Add a New Hire

For salaried and wage new hires. Complete the section that matches the hire type. Required fields are marked with *.

How to use: Click a field and type. Check boxes by clicking them. Use Tab / Shift+Tab to move. Print or Save As to keep your entries.

Salaried New Hire

New Hire Information

Name

Effective Date*

(MM/DD/YYYY)

Name Prefix

First Name*

Middle Name

Last Name*

Name Suffix

Biographic Information

Date of Birth*

(MM/DD/YYYY)

Biographical History

Gender*

(choose one)

☐

Male

☐

Female

☐

Unknown

Highest Level of Education

Marital Status*

(choose one)

☐

Single

☐

Married

☐

Divorced

☐

Unknown

☐

Widowed

National ID

National ID*

Address

Country

Address Line 1

Address Line 2

Address Line 3

For Foreign Addresses Only

City

State

Zip (Postal)

County

Phone Information (Mark one as preferred)

Business

Number

Extension

☐ Preferred

Home

Number

Extension

☐ Preferred

Mobile

Number

Extension

☐ Preferred**Email Information (Mark one as preferred)**

Email Option

(choose one)☐ Agency Provided Email☐ Pending Agency Provided Email☐ Employee Provided Email

Business

Email

☐ Preferred

Personal

Email

☐ Preferred**Regional (mark one as primary)**

Ethnic Group 1

☐ Primary

Ethnic Group 2

☐ Primary

Ethnic Group 3

☐ Primary

Military Status

Citizenship

☐ Native☐ Alien Temporary☐ Alien Permanent**New Hire Details****Work Location****Effective Date****(MM/DD/YYYY)***Action***

Hire

Reason*

New Hire

Position Number***Job Information**

Empl Class*

Standard Hours

Payroll

Pay Group

Holiday Schedule

Employee Type

Salaried

Tax Location Code

Absence Management

Absence System

☐ Absence Management ☐ Other

Eligibility Group

*(Required if Absence System=Absence Management)***Compensation**

Frequency

(Choose One)☐ Annual ☐ Daily ☐ Monthly ☐ PAY20 ☐ Weekly☐ Biweekly ☐ Hourly ☐ PAY18 ☐ PAY22 ☐ Semimonthly

State Pay

(Salary, Annual)\$

Non-State Pay

(Salary)\$

Special Pay

\$ **Benefits Program Participation**

Elig Fld 2

Health Subgroup Number

Elig Fld 3

Timekeeping☐ Yes ☐ No

Elig Fld 8

Months-Pays

Elig Fld 9

*Health & Bill Premium***Wage New Hire****New Hire Details****Name Section**

Effective Date

(MM/DD/YYYY)

Name Prefix

First Name

Middle Name

Last Name

Name Suffix

Biographic Information

Date of Birth

(MM/DD/YYYY)

Biographical History Section

Gender

(choose one)

☐

Male

☐

Female

Highest Level of Education

Marital Status

(choose one)

☐

Single

☐

Married

☐

Divorced

☐

Widowed

☐

Unknown

National ID

National ID

Address

Country

Address Line 1

Address Line 2

Address Line 3

For Foreign Addresses Only

City

State

Postal

Phone Information (mark one as preferred)

Business

Number

Extension

☐

Preferred

Home

Number

Extension

☐

Preferred

Mobile

Number

Extension

☐

Preferred

Email Information (mark one as preferred)

Email Option

(choose one)

- ☐ Agency Provided Email ☐ Pending Agency Provided Email
☐ Employee Provided Email

Business

Email

☐ Preferred

Personal

Email

☐ Preferred

Regional (mark one as primary)

Ethnic Group 1

☐ Primary

Ethnic Group 2

☐ Primary

Ethnic Group 3

☐ Primary

Military Status

Citizenship

- ☐ Native ☐ Alien Temporary ☐ Permanent Resident

Job Data page > Work Location tab

Effective Date

(MM/DD/YYYY)

Action

Hire

Reason

New Hire

Position Number

Job Information tab

Standard Hours

Empl Class

Wage

Absence Management

Absence Management

Other

Payroll

Payroll Pay Group

Holiday Schedule

HOLHR

Employee Type

H

Tax Location Code

Compensation

Frequency

H

Hourly Pay

\$

Benefits Program Participation

Elig Fld 2

Health Subgroup Number

Elig Fld 3

Timekeeping

☐ Yes ☐ No

Elig Fld 8

Months-Pays

Elig Fld 9

Health & Bill Premium

Submit the completed form to your agency HR Administrator for entry into Cardinal.