

STAFF HIRE FORM

This form is to be completed for all new staff to the Department of Medicine.
Complete all items below and Email to the DOM Staff Affairs Office.

Division Contact: _____ Immediate Supervisor: _____
Division: _____

DEMOGRAPHIC INFORMATION (Optional): Your responses to the following questions are voluntary and will be kept confidential. Refusal to complete the information will not be used to deny employment. The information will assist the University in providing data to demonstrate compliance with civil rights laws.

Full Legal Name: _____
Social Security Number (Last 6 digits only): XXX- _____

Birthdate: _____ Race: _____ Sex: _____

Citizen or National of the United States

Lawful Permanent Resident

Non-Permanent Resident

Visa Type _____ Expiration Date _____

Country of Origin: _____

Office: Building _____ Room # _____ Office Phone # _____
Home Address _____ Home Phone # _____
_____ Preferred Email _____

Highest Degree Received _____ Name of School _____

FOR DOM OFFICE USE ONLY:

University Start Date _____ DOM Start Date _____

DOM / New Position Start Date _____ UPMC Start Date _____

Classification _____ Working Title _____

Position Number _____ FLSA status _____

Full time Part time % Effort _____ Monthly Bi-weekly

Annual Salary _____ Hourly Rate _____

Regular Monthly Salary _____ Mid-month Salary _____

Account Number(s) _____ % _____ % _____
_____ % _____ % _____

Provisional Period Review Dates:

First Review _____

Midpoint Review _____

Third Review _____