Salary/Hourly Rate: $ _____

DONNELLY COLLEGE

NEW EMPLOYEE INFORMATION FORM

A | COMPLETED BY SUPERVISOR

New Employee Name: _____

Hire Date: _____ **Today's Date:** _____

Title: _____ **Division:** _____ **Dept:** _____

Position: _____
(Completed by HR)

Grant Funded: _____ **Percentage:** _____
(Grant Name)

Please Indicate: ❑ Full-Time ❑ Part-Time ❑ Adjunct ❑ Work-Study

❑ Exempt ❑ Non-Exempt

President's Signature: _____

Grant Director's Signature: _____

Supervisor Signature: _____

B | COMPLETED BY EMPLOYEE

Gender: ❑ M ❑ F **Race/Ethnicity:** ❑ White ❑ Black/African American
❑ Hispanic/Latino ❑ Asian
❑ American Indian/Alaskan Native
❑ Native Hawaiian/Other Pacific Islander
❑ 2 or more races

Phone Number(s): _____

E-mail Address: _____

Spouse's Name: _____

Emergency Contact: Name: _____

Phone: _____

Employee Signature: _____