

Data Requirements for New Hires or Position Changes

This form must be filled out to complete new hire offer letters and to enter new employees into the HRIS (Human Resources Information System) so that the employee is able to complete the hiring process and have an email account created.

Current OWU employee? No If yes, indicate current title: _____	
_____ Position Title	_____ Department Name/Cost Center Number
Immediate Supervisor's Name: _____ Attach the Job Description	

_____ Candidate Name (First Name	_____ Middle Initial	_____ Last Name)
_____ Current Mailing Address (Street Number, Apt. No., Street Name)		
_____ City	_____ State	_____ Zip Code
_____ Personal Email Address:		
_____ Home/Cell Telephone Number:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Target/Effective Date of Hire: _____	
Status (Category of Employment – please select from following)	
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried
<input type="checkbox"/> Administrative	<input type="checkbox"/> Faculty
<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
Rate of Pay (hourly or annual basis) _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	

Annual Number of Hours Budgeted: Check one box below--these numbers must match the pre-approved department budget. Refer to the funding source-page 4 of the search plan.
<input type="checkbox"/> 999 (or less = no benefits) <input type="checkbox"/> 1,000-1,299 (partial benefits) <input type="checkbox"/> 1,300 (full benefits) <input type="checkbox"/> 1,950 (37.5 hrs/wk)
<input type="checkbox"/> 2,080 (40 hrs/wk) <input type="checkbox"/> Other _____
Less than 12-month employees: Annual begin date _____ Annual end date _____ Number of Hours/Week _____
Name of Employee previously in position: _____
Assigned Campus Address (Building and Room Number): _____
Anticipated Campus Telephone Extension: _____

Approvals needed to extend job offer:

Vice President or President's Cabinet Member: _____ **Date** _____

The VP signature indicates prior authorization by the University President.

Department Manager: _____ **Date** _____

Human Resources Approval: _____ **Date** _____

Please contact Human Resources at hr@owu.edu or (740) 368-3388 with any questions about the process.