

CHAMPAIGN COUNTY PERSONNEL INFORMATION HIRE FORM
Hire — New Hire / Re-Hire / Hire from Other Department

Employee Information:

Employee Last Name: _____ Middle Initial (REQUIRED): _____ First Name: _____
SSN: ____/____/____ DOB: ____/____/____ Gender: _____ Race: _____
Address: _____ Cell Phone: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

Position Information

This is a: _____
Department: _____ Position: _____ Effective: ____/____/____
Pay Grade: _____ Status: _____ Annual Hours: _____ Hourly Wage: _____
Contract: _____ Reason for Starting Salary : _____
Former Employee in Position: _____ Wage: _____ Last Day: ____/____/____

Training Information

Sexual Harassment Training:
ADA Training:
Create Training Profile In MindFlash:

I.T. Requests

Use Same Profile As: _____ Please select a current employee or the employee being replaced.
DUO Token Serial #: _____ OR Previous User of Token: _____
Additional Requests: _____

Parking Permit Request

Parking Space Location: _____
Vehicle #1 Make/Model: _____ License Plate: _____
Vehicle #2 Make/Model: _____ License Plate: _____

Department Authorization

Submitted: ____/____/____ By: _____
Name of Authorizing Elected Official / Department Head (initials of person completing the form)

Notes:

Payroll Authorization

Approved By: _____ Date: ____/____/____
Master Listing _____ Vacancy Listing _____ Salary Calc _____
Parking Request _____ Email Sent _____ Wage Input _____