

NEW HIRE INFORMATION FORM

(For internal use only)

New Hire Information* (All information in this section must be completed)			
Position Title*		Index Code*	
New Hire Start Date*		Employee ID # (if assigned)	

Campus*

- | | | |
|-------------------------------------------|----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Donaldson Campus | <input type="checkbox"/> Airport Campus | <input type="checkbox"/> Clinical Facility |
| <input type="checkbox"/> Missoula | <input type="checkbox"/> Dual Credit – High School | |

Department*

- | | | |
|-------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Gen Ed | <input type="checkbox"/> Trades | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Helena Fire/Rescue | <input type="checkbox"/> Missoula Fire/Rescue | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Student Support Center | <input type="checkbox"/> Bookstore | <input type="checkbox"/> Business Office |
| <input type="checkbox"/> Fiscal / Plant | <input type="checkbox"/> Library | <input type="checkbox"/> Student Affairs |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Dual Credit | <input type="checkbox"/> TAACCCT Grant IV |

Employee Type*

- | | | |
|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Classified Staff – Full Time | <input type="checkbox"/> Classified Staff – Part Time | <input type="checkbox"/> Classified Staff – Temp |
| <input type="checkbox"/> Faculty - Permanent | <input type="checkbox"/> Faculty - Adjunct | <input type="checkbox"/> Faculty - Temp |
| <input type="checkbox"/> Faculty – F/R Lead | <input type="checkbox"/> Faculty – F/R Pool | <input type="checkbox"/> Lab/Shop Aide |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Student Support Center Tutor | <input type="checkbox"/> TRiO Tutor |
| <input type="checkbox"/> Dual Credit Instructor | <input type="checkbox"/> Volunteer | <input type="checkbox"/> |

New Hire Information* (All information in this section must be completed)					
Employee Name		Date of Birth			
Nick Name (if preferred)					
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				

Education Information			
Degree:		Month/Year:	
Major:		Institution:	
Degree:		Month/Year::	
Major:		Institution:	
Degree:		Month/Year::	
Major:		Institution:	

Need Moodle Account

☐ Yes ☐ No ☐ Maybe

Need Computer

☐ Yes ☐ No ☐ Maybe

Need Phone

☐ Yes ☐ No ☐ Maybe

Need Key Fob / Key

☐ Yes ☐ No ☐ Maybe

Course(s) Assigned To:			
CRN# / Short Title		CRN# / Short Title	
CRN# / Short Title		CRN# / Short Title	
CRN# / Short Title		CRN# / Short Title	
CRN# / Short Title		CRN# / Short Title	

Signatures (***Required***):

Division Chair / Director:		Date:	
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Associate Dean / Supervisor:		Date:	
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For Office Use Only: **Entered By:** _____

Date: _____