



Office of Human Resources & Equal Opportunity

E-Verify

NEW EMPLOYEE HIRE

To be completed and sent to HREO with employee

Employee Name: _____

Employee Contact Info: _____
(Home or cell number)

Datatel ID (if available): _____ Start Date: _____

Employee Status: _____
(Full-Time Staff, Full-Time Faculty, Temp Staff, Teaching Associate, Student, etc.)

Hiring Department: _____

Supervisor Name: _____

Supervisor Contact Info: _____
Phone E-mail

Supervisor Signature: _____ Date: _____