



Employee Hiring Action Form

ITEMS BELOW TO BE COMPLETED BY HIRING SUPERVISOR

First Name: _____ Middle Name(s): _____ Last Name: _____

Hiring Appointment Date/Time: _____ Division: _____ Event Center/Facilities _____ Athletic Department¹

Action: _____ New Hire _____ Re-Hire _____ Department Transfer _____ Additional Position Assignment

Workday Program Code, Fund, and Cost Center: _____

Employee Type: _____ Temporary Hourly/Casual _____ Student _____ LOA _____ LOB

Department / Sport: _____ Primary Supervisor: _____ Phone: _____

Work Location (Building, Room #): _____

Job Title / Description / Primary Job Code & Pay Level: _____

Start Date (First Day of Work): _____ Position End Date: _____ (Leave Blank For Open-Ended Positions)

Hourly Wage: _____ OR / Salary (Monthly/Annual): _____

Register on Hand Readers: _____ YES _____ NO Lunch Default: _____ Auto _____ One Hour _____ Half-Hour _____ None

UNLV Student Information

Currently Enrolled Student (UNLV): _____ YES _____ NO NSHE ID: _____

Are You A Student Athlete:¹ _____ YES _____ NO Anticipated Graduation Year: _____

¹ NOTE: ALL Potential Hires for UNLV Athletics, as well as UNLV Student Athletes MUST receive sign-off by NCAA Compliance Office before hiring.

SUPERVISOR / EMPLOYMENT AUTHORIZATION SIGNATURES

SUPERVISOR NAME SIGNATURE DATE

DEPARTMENT DIRECTOR NAME SIGNATURE DATE

DIRECTOR OF NCAA COMPLIANCE NAME SIGNATURE DATE

ICA BUSINESS & FINANCE OFFICE REP. NAME SIGNATURE DATE

EMPLOYEE PERSONAL DATA - TO BE COMPLETED BY EMPLOYEE OR HUMAN RESOURCES REPRESENTATIVE

Employee may opt to fill out this section at time of hire. However, completion of this section prior to hiring appointment will expedite the hiring process.

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred E-mail Address*: _____

*NOTE: All UNLV Employees will be assigned an @unlv.edu email address. You are expected to maintain this address for the duration of your employment with UNLV. All Official communications from UNLV will be sent to that address. Preferred E-mail Address is for TMC/ICA use only.

Cell Phone: _____ Allow Scheduling Managers and Department Supervisors To View/Use This Number: _____ YES _____ NO

Home Phone: _____ Allow Scheduling Managers and Department Supervisors To View/Use This Number: _____ YES _____ NO

Gender: _____ Male _____ Female Date of Birth: _____ Soc. Security or Tax ID #: _____

Race/Ethnicity (Check All That Apply): _____ Hispanic or Latino _____ American Indian or Alaska Native

_____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White