

# Employee Sign-In Form/Benefit Change

The University Corporation

Employee Name \_\_\_\_\_

Last

First

Hire Date \_\_\_\_\_

Department \_\_\_\_\_

Status

Full Time \* (30+ hours)

Part Time (less than 30 hours)

\* Full time requires ED approval

Executive Director Approval \_\_\_\_\_

**CSUN Student**

Yes

No

**International Student**

Yes

No

Job Title \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_

Supervisor \_\_\_\_\_

Payroll Account # \_\_\_\_\_

ADP # \_\_\_\_\_

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**For Office Use**

Employee/Badge # \_\_\_\_\_