

New Employee Sign-In Form

The University Corporation

Employee Name _____

Last

First

Hire Date _____

Appointment Type

Seasonal Employee

Temporary Employee

Transfer: From: _____
Effective Date: _____ To: _____

CSUN Student

Yes No

International Student

Yes No

Department Name _____ ADP # _____

Job Title _____

Rate of Pay \$ _____

Supervisor _____

Payroll Account # _____

For Office Use

Badge # _____

Employee # _____