



Section I: (to be completed by Employee)		Employee Information:			
Legal Last Name:	Legal First Name:	M.I.:	SS #:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Mailing Address: (Street, Apt #)		City, State and Zip Code		Check Distribution: <input type="checkbox"/> Mail <input type="checkbox"/> Pickup	Birth Date: (MM/DD/YYYY)
Badge #: (Campus Dining/Univ. Store)	Cal Poly Email: (or other if no Cal Poly email)			Primary Phone Number: () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Have you worked for Cal Poly Corporation previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Job Title: _____ Dates of Employment: _____					
If you currently hold another position on campus: Job Title: _____ with <input type="checkbox"/> CPSU <input type="checkbox"/> Cal Poly Corporation <input type="checkbox"/> ASI					
Section II: (to be completed by Supervisor)		Indicate Employee Status:			
<input type="checkbox"/> Cal Poly Student Limited to 20 hours per week during academic quarters <input type="checkbox"/> Undergraduate (enrolled in a minimum of 6 units) <input type="checkbox"/> Graduate (enrolled in a minimum of 4 units)		<input type="checkbox"/> Intermittent Part Time, Variable Hour, Non-Cal Poly Student Limited to 25 hours per week <input type="checkbox"/> CPC Benefited <input type="checkbox"/> Retiree <input type="checkbox"/> CPSU <input type="checkbox"/> CPC Retirement Date: _____		<input type="checkbox"/> Additional Compensation (CPSU Employee) CalPERS Member: <input type="checkbox"/> Yes <input type="checkbox"/> CPSU Staff (Full-time) <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> CPSU Faculty (Full-time) <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> CPSU Employee (Part-time) <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt FTE/Time base: (F/T: Limited to 125%, P/T: Limited to 100% for both positions)	
Job Title:		Department Name:		College/Division:	
Background Check:			Mandatory Reporter:		
Students/Additional Comp Employees - Is this a position that requires a background check by law (CSU Background Check Policy)? <input type="checkbox"/> No <input type="checkbox"/> Yes – Employee CANNOT begin working or complete PIF until background check process is completed & cleared Background Check/Live Scan approval received from HR - Date _____ ALL Intermittent & Benefited employees MUST complete a Background Check prior to working			If this position is designated as a Mandatory Reporter by policy or by law, please select the reporter type: <input type="checkbox"/> Limited Reporter <input type="checkbox"/> General Reporter		
Select Personnel Action:					
<input type="checkbox"/> New Hire	<input type="checkbox"/> Department Transfer/Change	<input type="checkbox"/> Primary Assignment Org Key Change	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change in Hours or FTE (Remarks Required)	
<input type="checkbox"/> Salary/Rate Change	<input type="checkbox"/> Employee Status Change	<input type="checkbox"/> Add Org Key as Secondary Assignment	<input type="checkbox"/> Promotion	<input type="checkbox"/> End Date Assignment	
<input type="checkbox"/> Other (Remarks Required on Page 2)		<input type="checkbox"/> Personal Information Update		<input type="checkbox"/> Termination	
Data Entry Details:					
Indicate which org key should be the primary assignment by checking the box below					
Org Key (#####)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Object Code (#####)					
W/C Code* (or PCN)					
Effective Date					
End Date**					
Rate of Pay***					
*Workers' Compensation (W/C) Codes: 1001 = Admin/Clerical/Non-Manual 1002 = Professors /Tutors/Consulting/Performers/Offsite Non-Manual Research 1004 = University Store/Retail 1005 = Athletic Camp Assistant 1006 = Campus Dining 1007 = Agriculture/Manual Labor/Use of Machinery or Chemicals/Printing Press PCN = Position Code for Benefited Employees. **End Date: Required for Sponsored Program Org Keys. ***Rate of Pay: Hourly or Biweekly rates only.					



Remarks/Action/Sensitive:

Section III: Employee Attestation and Required Signatures:

Employee: I hereby certify that all the information on this form is correct and complete to the best of my knowledge. I understand falsification or omission of any material information on this form may be considered cause for immediate dismissal. I authorize the investigation of all statements contained within this form by the Corporation. I recognize that employment at the Corporation is "at will," which means either the Corporation or I may terminate my employment at any time with or without cause or notice. I understand that the Corporation retains the sole discretion to modify compensation and benefits, position, duties and other terms and conditions of employment, and the right to impose discipline, including suspension, demotion, and termination at its sole discretion.

Employee Signature:		Date:	
Supervisor/Authorized Signer: (Required)	Print Name: (Required)	Telephone #:	Date:

A CPC APPLICATION FOR EMPLOYMENT MUST BE SUBMITTED WITH PIF ON ALL STUDENT & INTERMITTENT NEW HIRE EMPLOYEES

Additional Approvals, if applicable:

Sponsored Programs/Conference & Event Planning/CPC Campus Programs/Additional Approvals, if applicable

Additional Signatures: (if applicable)	Print Name: (Required when signed)	Telephone #:	Date:
For Additional Compensation employees only			
Dean/Designee Signature: (if applicable)	Print Name: (Required when signed)	Telephone #:	Date:

HUMAN RESOURCES USE ONLY:

<input type="checkbox"/>	CPC Employee Number (#####)
<input type="checkbox"/>	CPC Employment Application
<input type="checkbox"/>	Background check/Live Scan on file, if required
<input type="checkbox"/>	Form I-9 on file
<input type="checkbox"/>	Mandated Reported Acknowledgement Form if required
<input type="checkbox"/>	Handbook Acknowledgement & General Rules Received
<input type="checkbox"/>	W-4 (Single, 0 Default) if applicable – MUST HAVE W-4 for Nonresident Aliens (International Students & Employment Auth. Cards)
<input type="checkbox"/>	Direct Deposit Form received
<input type="checkbox"/>	Intermittent Employees Only: CalPERS Forms (Exclusion Notice and Reciprocal Self-Certification Form) & IT TRAINING HANDOUT
<input type="checkbox"/>	ADDX/ADDN Employees: CalPERS Reciprocal Self-Certification Form
<input type="checkbox"/>	Check CalPERS Website for membership: Part-Time Additional Compensation and Intermittent Employees
<input type="checkbox"/>	CPC Pay/Kronos Employee Quick Reference Handout (Instructions) – Everyone but Campus Dining Employees
<input type="checkbox"/>	E-Verify Complete for Federal Grant Employees
<input type="checkbox"/>	Parent Authorization Form and Work Permit for employees under 18 years of age

Additional Data Entry, if needed:

<input type="checkbox"/>	Rehire: Term Info Tab, DS Code for employees rehired as Intermittent
<input type="checkbox"/>	CPCPAY code for those using both badge and CPCPAY timekeeping systems
<input type="checkbox"/>	I-9 Tracking Tab Entered for Social Security Receipts and Employment Authorization Cards
<input type="checkbox"/>	Update NRAL on Employee CDS Assignment Screen (PYUPECDH) for Nonresident Aliens

Obtain the most current version of this form by visiting the CPC Forms and Procedures page at <http://www.calpolycorporation.com/docs/>.