

I-9  
W-4  
Direct Deposit  
ACA Notice to Employee\*\*

School of Veterinary Medicine

Cert # \_\_\_\_\_

**LTE New Hire Information**

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

Empl ID \_\_\_\_\_ Empl Record # \_\_\_\_\_ National ID (SSN) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (personal) \_\_\_\_\_ Email Address (work) \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

UDDS \_\_\_\_\_ Job Code \_\_\_\_\_ Title Name \_\_\_\_\_

Hire Effective Date \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Reason for hiring LTE:            Filling in while a permanent position is being filled  
   Filling in while an employee is on leave  
   Other

Estimated Duration (End Date): \_\_\_\_\_

Hire Type:            Add Empl Instance            New Hire            Rehire            Transfer

Action Reason:            Original/New Hire – Concurrent Job (Hire only)            Transfer

Funding Information: (Enter additional funding under Comments. Distribution must total 100%)

Fund \_\_\_\_\_ Dept ID \_\_\_\_\_ Program \_\_\_\_\_ Project \_\_\_\_\_ Distribution % \_\_\_\_\_

**Comments:**

Supervisor/Approver \_\_\_\_\_ Back-up Approver \_\_\_\_\_

Work Schedule:  
\_\_\_\_\_

**Duties:** (Provide a complete list of LTE duties. Submit a Word document if necessary to describe duties adequately.)

**Instructions for Completed Forms:**  
VMTH – Submit to VMTH Administrative Office  
Academic Depts – Submit to Dept Office/Dept Administrator

\*\*Revised 09/30/2013