



WEBER STATE UNIVERSITY
**Adjunct New Hire
Employment Information Form**

Last Updated 1/29/07
[http://www.weber.edu/wsuiimages/
FacultyAndStaffResources/forms/
adnewhire.pdf](http://www.weber.edu/wsuiimages/FacultyAndStaffResources/forms/adnewhire.pdf)

Instructions:

1. Prior to the semester start, complete this form and take it to Payroll. Be sure to verify the Social Security Number. Payroll will set up a W number and will send the number to the e-mail address provided at the bottom of this form.
2. Department Secretary logs into Banner and assigns Adjunct role and Department (on SIAINST) and makes course assignments (on SSASECT).
3. Department Chair/Secretary contacts Adjunct and instructs them to access E-Services to set up Wildcat ID and password.

Note: A PAR, I-9 and W-4 are required before payment will be made to this individual.

Last Name:		First Name:	
Date of Birth:		Social Security Number:	
Department:		Mail Code:	
<i>Note: If Adjunct does not have an office, use department secretary location and phone (do not leave blank)</i>			
Building:		Room:	
Campus Phone:			
Home Phone: (optional) Cell Phone: (optional)		Campus Fax:	
Ethnicity: (optional)	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Not Specified		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: (optional)	<input type="checkbox"/> Married <input type="checkbox"/> Life Time Partner <input type="checkbox"/> Single <input type="checkbox"/> Not Specified	<input type="checkbox"/> Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien/Other Eligible	

Submitted by (should be Department Chair or Department Secretary):

Signature _____ Printed Name _____ Phone _____ Date _____

E-Mail Address of Submitter: _____