

NEW EMPLOYEE INFORMATION SHEET

Name (Last, First, MI) _____ Date of Birth _____

Address _____ Sex: Male Female

City _____ State _____ Zip _____ Race

Home Phone _____

Cell Phone* _____

In case of emergency contact:

Name _____

Phone _____

- White (not Hispanic)
- Black (not Hispanic)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

U# _____

*By providing this information, you authorize us to input the data into MoBull for the purpose of providing University-related emergency notifications via text message. This information will not be used for any other purpose and numbers will not be shared or made available for any other reason.

FOR NON-TEMPORARY, BENEFIT-ELIGIBLE POSITIONS ONLY: I understand I must enroll in benefit programs **within 60 days of my employment begin date**. Failure to enroll within 60 days will be interpreted as my rejection of the plan(s). Inter-Agency transfers may not be eligible to change benefit enrollment status – Contact Benefits Office for details. I also understand that, unless I sign a Pre-Tax Waiver Form within the first 60 days of my employment, pre-tax benefits for the State Health and/or State Life will automatically be initiated. I understand that it is my responsibility to register for and attend the Benefits Orientation held by my Human Resources Office.

INITIAL: _____

FOR ALL EMPLOYEES: I understand that I must sign up for payroll direct deposit within 14 days of my employment as a condition of employment. **INITIAL:** _____

OTHER STATE OF FLORIDA EMPLOYMENT

Are you currently employed by another university of State agency? Yes No Agency Name _____

Are you transferring from another university or State agency? Yes No Agency Name _____

Are you receiving State of Florida Retirement benefits? Yes No Date Began Retirement _____

Have you taken any distributions (including rollovers) under the FRS Investment Plan or Optional Retirement Plan? Yes No Date of Distribution or Rollover? _____

DISABILITY INFORMATION

It is the policy of the University of South Florida to comply fully with the requirements of the Americans with Disabilities Act of 1990, 42 U.S.C. 12101, and all other Federal and State laws and regulations prohibiting discrimination on the basis of disability or handicap. Please refer to the USF ADA Policy 0-008A located at http://usfweb.usf.edu/usfgc/gc_pp/genadm/gc008a.htm

STATE OF FLORIDA LOYALTY OATH (Don't sign this oath until you are in the presence of a Notary Public)

I, _____, a citizen of the State of _____ and the county of _____, employed by the University of South Florida and a Recipient of public funds as its employee, do hereby solemnly swear / affirm that I support the Constitution of the USA and the State of Florida.

Employee Signature _____ Date _____

NOTARY

The foregoing instrument was acknowledged before me this (date) _____, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Signature _____

NOTARY STAMP