



HIRE DATA WORKSHEET

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Note: This worksheet is for post-offer information gathering purposes only and is not part of the application or hiring process.

To be completed by the employee:

Personal Data - Name

OSU ID: Leave Blank	Name (Last, First, Middle) Last Name First Name Middle Initial		
Prefix (circle one): Circle One Dr. Miss Mr. Mrs. Ms. Rev.	Suffix (if applicable)	Marital Status (circle one): Circle One Single Married	

Personal Data - Home Address

Home/W2 Address (Number and Street): Your Permanent address where you would like your tax forms sent This will most likely be your parents address				
City: City	County: County	State: State	Zip: Zip Code	Country: Country

Personal Data - Campus Address

Check Distribution Department: 49000	Check Sort: B4			
OSU Business Address:				
Location: 284		Room: _____		
Street Address: _____	City: _____	Country: _____	Postal: _____	State: _____

Personal Data - Phone

Home Phone (Area code & Number): Permanent Telephone Number	Campus Phone: Campus/Local Telephone Number		
Other Phone Numbers:			
Cellular: Optional Number	Fax:	Pager 1:	Pager 2:

Personal Data - Personal Profile

Gender (circle one): ⁽¹⁾ Circle One Female Male	Full-time student Circle One Yes No	OSU Adjusted Date: _____	Highest Education Level: High School
Adjusted College/Admin Date: _____	Continuous OSU Service Date: _____		



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Personal Data – Eligibility/Identity

Birthdate: ⁽¹⁾ MM/DD/YY	Country: ⁽¹⁾ Country of Birth	Birth State: ⁽¹⁾ State of Birth	Birth Location: ⁽¹⁾ City of Birth
Ethnic Group (circle one): ⁽¹⁾ Circle One	American Indian Hispanic Asian	Black White Other	Undisclosed
U.S. Military Status (circle one): ⁽²⁾ Circle One	Active Reserve No Military Service Retired	Inactive Reserve Vietnam Veteran National Guard	Other Veteran Not Indicated
Self-ID Status (circle all that apply): ⁽²⁾ Circle if applicable	Vietnam Veteran ⁽²⁾ Other Veteran ⁽²⁾	Disabled Veteran	Disabled
Is this status being voluntarily self identified for Affirmative Action purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No Check One
Employment Eligibility (I-9) Proof: (to be completed by hiring department)	Proof A:	Proof B:	Proof C:
OFFICE USE ONLY			
Social Security Number:	XXX-XX-XXXX		

- (1) Ohio State University is an Affirmative Action/Equal Opportunity Employer. The University requests that you provide this information to assist the University in meeting its affirmative action, nondiscrimination objectives and in complying with federal and state regulations. Providing this information is voluntary and confidential. Failure to provide this information will not result in any adverse treatment.
- (2) As a government contractor, Ohio State University is subject to Section 402 of the Vietnam-era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973. These regulations require the University to take affirmative action to employee and advance in employment qualified Vietnam-era veterans, disabled veterans and individuals with disabilities. If you are a Vietnam-era Veteran, Disabled Veteran or an Individual with a Disability and would like to be considered under the University's affirmative action programs, please complete this information. Submission of this information is voluntary and will be used only in accordance with the Act.

Emergency Contact

Contact Name: Name of someone to be contacted in an Emergency	Relationship: Relationship to you	Primary Contact: Circle One Yes No
Home Address (number and street): Contact's Address		
Additional Address Information (number and street, box number, etc.):		
Additional Address Information (number and street, box number, etc.):		
City: City	County: County	State: Enter State
Phone (area code and phone number): Phone Number of Contact		Zip: Zip Code
Other Phone Number: Number, such as a Cell phone where contact can be reached if not at home.		



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The following is to be completed by the hiring department human resources professional.

Work Location

Effective Date: Date of First Training	Action/Reason: Hire/HIR	Job Requisition #: _____
Position Number: 00001114	Department: _____	
Home Dept: 49000	Location: 284	

Job Information (Double check information that defaults from Position Data)

Job Code: _____	Regular/Temporary: _____
Full/Part Time: _____	Regular Shift: _____
Standard hours: _____ XXX-XX-XXXX	FLSA Status: Exempt _____ Non-Exempt _____
Timekeeping Group: 00304	

Payroll Information

Pay Group: _____	Employee Type: Salaried / Hourly
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Compensation

Compensation Frequency (circle one): Monthly Hourly	Quarters/Semesters Worked (circle one from each column):																									
	<table border="0"> <tr> <td><u>1st Sum</u></td> <td><u>Fall</u></td> <td><u>Winter</u></td> <td><u>Spring</u></td> <td><u>2nd Sum</u></td> </tr> <tr> <td>1st Term</td> <td>Qrt</td> <td>Qrt</td> <td>Qrt</td> <td>Qrt</td> </tr> <tr> <td>2nd Term</td> <td>Sem</td> <td>N/A</td> <td>Sem</td> <td>N/A</td> </tr> <tr> <td>Qrt</td> <td>N/A</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>N/A</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<u>1st Sum</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	<u>2nd Sum</u>	1 st Term	Qrt	Qrt	Qrt	Qrt	2 nd Term	Sem	N/A	Sem	N/A	Qrt	N/A	N/A			N/A				
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1 st Term	Qrt	Qrt	Qrt	Qrt																						
2 nd Term	Sem	N/A	Sem	N/A																						
Qrt	N/A	N/A																								
N/A																										
Annual Rate for Reporting: _____																										
End Date for Encumbrance: _____	Compensation Rate: 8.00																									

Earnings Distribution

Distribution Type: None Percent Amount 100%									
Earn Code	Percent	Hours	Amount	Org	Fund	Account	Project	Program	User Def.
REG	100%			49221	060821	60131			
OFFICE USE ONLY									



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Additional Emergency Contact (optional)

Contact Name: Name of someone to be contacted in an Emergency	Relationship: Relationship to you	Primary Contact: Circle One Yes No	
Home Address (number and street): Contact's Address			
Additional Address Information (number and street, box number, etc.):			
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