

# HSC New Hire Form

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**Please submit within 10 days of offer letter acceptance with a copy of the signed offer letter to [SOMBusinessOffice@hsc.wvu.edu](mailto:SOMBusinessOffice@hsc.wvu.edu), [WVU Faculty and Physician - Onboarding@wvumedicine.org](mailto:WVU Faculty and Physician - Onboarding@wvumedicine.org) and [madamsmichenko@hsc.wvu.edu](mailto:madamsmichenko@hsc.wvu.edu). Failure to send may cause delay in effective hire date.**

Position Name

New position?                      yes              no

HR Organization

Campus

FTE

Job Type

Hire Date(no backdating)

Pay Year Type (9 mo,12 mo)

Contract Begin

Contract End

Check Distribution Point

Supervisor

Employee Name                      First                      Middle                      Last

Birth Date

Sex                      Male              Female

WVU ID#

Current E-mail

Department Name

Work Address (PO Box)

Work Address

Building Location

Physical Location

Street Address

City, State, Zip

Phone

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Processing Date

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Salary Administration

State Base Salary

UHA Salary

BSSP Plan Salary

UHA Supplement

State Supplement

Total UHA Salary

Total State Salary

UHA Cost Center

Total Salary

Early PSA needed:                      Yes            No

Reason

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Labor Distribution

GL Line

GL Line

GL Line

Example: Campus.DA.Fund.LineItem.Function.Project.EndDate.Percent

POETA Lines

POETA Lines

POETA Lines

Example: Project,Task.Award.Org.ExpType.End Date.Percent

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Education

Highest Degree Obtained

Institution Attended

Graduation Date

State

Country

Secondary Degree

Institution Attended

Graduation Date

State

Country

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Preparer's Email

Preparer's Phone

Administrator

EBO:

Comments: