

New Employee Information Form

First Name

Last Name

Department

Official start date

Position / Title

This Employee is:

Current Employee moving to

Replacing Staff member

Needs an office and will be located in room

No Office needed

Needs an email Yes No

Needs a Voice Mail Yes No

Needs a Laptop Computer Yes No Desktop Computer Yes No

Form Tracking

Director of _____ Initials _____

Director of Human Resources _____ Initials _____

Director of Business Operations / Technology _____ Initials _____

(This information will be assigned by technology staff)

Username _____

Password _____

Email address _____ Phone Extension _____