



HMS & HSDM New or Re-Hire Form for Temps, Students, LHTS, Interns

Personal Information						HUID #:		
Name		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>
Primary (legal) Name		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.						
Preferred/Known as Name		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.						
Soc sec #		Date of Birth (Required)		Gender		<input type="checkbox"/> Female <input type="checkbox"/> Male		
Ethnic Group		Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Amer Indian or Alaskan Native American <input type="checkbox"/> Black or African		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White
Home Address				Primary Office Mailing Address				
Home Address Line 1				Office Address - Hospital/Institution		Location Code:		
Home Address Line 2				Office Address Div/Dept, Bldg, Room				
Home Address Line 3				Office Address Street				
Home City, State, Zip, Country				Office City, State, Zip, Country				
Home Phone		Office Phone		Office Fax				
Email address								
Job Information								
Hire Date		End Date		Supervisor or Mentor				
Department # and Name				Job Loc if not default		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Job Code and Title								
<input type="checkbox"/> 700010 Temp OT		<input type="checkbox"/> 700020 Temp Exempt		<input type="checkbox"/> 700035 Temp High School Student		<input type="checkbox"/> 700030 Temp HARVARD Student		<input type="checkbox"/> 710010 LHT OT Eligible
<input type="checkbox"/> 700010 LHT Exempt		<input type="checkbox"/> 710010 LHT Exempt		<input type="checkbox"/> Work Study Student?		Supplemental Rate: _____		<input type="checkbox"/> 100010 Intern
Compensation and Costing Information if to be on Harvard Payroll								
Standard Hours		Hourly Rate		T&L Group ID		Work Group:		TEMPOTELG
Tub		Org		Object		Fund		Activity
				XXXX				Sub Act
				XXXX				Root
								%
Education Data (Bachelors or higher only)								
Country		Degree		Date Acquired		Code		School
Citizenship Data								
		<input type="checkbox"/> US Citizen/Perm Res/Non Res Alien Working Abroad		<input type="checkbox"/> Non Resident Alien				

By signing as the Dept Head, I certify that:

- For [academic appointments](#): the HMS requirements for this appointment have been verified and met.
- For [payroll](#): the pay rate indicated has been approved by the appropriate representatives in HMS HR and/or in FOA
- For [costing](#): the costing shown is correct. If the fund is a sponsored restricted gift or restricted endowment fund, I am familiar with the sponsor's/donor's restrictions and the nature and extent of these salary changes is compatible with such restrictions. Omissions and errors in the HMS pay rates or general ledger coding may be charged back to the department.

Preparer Name & Phone #	
Department Head Signature	

Submit the New Hire and AA forms to: Harvard Medical School, 25 Shattuck St, Human Resources Processing, 25 Shattuck St, Room #150, Boston, MA 02115 (Fax#: 617-432-0714)