WCU
WEST CHESTER
UNIVERSITY

New Associated Employee Request Form

Section 1 – Associated Agency Completes for Employee

Last Name   First Name   Middle Initial

_____   _____   _____

Street Address _____

City, State, Zip _____

Township _____

County _____

Personal Email Address _____

Primary Phone Number _____

Gender _____

DOB _____

Section 2 – Associated Agency Completes

Associated Agency Name _____

Associated Agency Contact Person _____

New Associated Employee Job Title _____

New Associated Employee Start Date _____

New Associated Employee End Date (Please answer N/A if no end date) _____

Does this employee need account access for University Systems: Yes   No
(Once approved, access to specific systems would need to be requested)

New Associated Employee Campus Address (If Applicable)

Please confirm background checks have been/will be completed for this employee:

Yes   No   Comments _____

Will this person have direct contact with children (minors under the age of 18) - defined as the care, supervision, guidance or control of children, or routine interaction with children:

Yes   No

Organization Contact Signature: _____   Date: _____

Section 3 – University Department & Contact

Department Name _____

Department Contact Person _____

Department Comments:

Associated Employee Approved to Process: Yes   No

Organization Contact Signature: _____   Date: _____

Section 4 - Human Resources

Does this employee need system access: Yes   No
(if yes – send employee the following)
- Acceptable Use Policy
- Confidentiality Agreement

Does HR/LR need to obtain background checks: Yes   No
(If yes, send to LR to start process)

Received signed Acceptable Use Policy and Confidentiality Agreement:
Yes   No   N/A

HR/LR Background Checks Complete: Yes   No   N/A

<u>SAP Data Needed</u>

Belongs to Org # (Related Department)	
Cost Center (Related Department)	
Division/Department (Related Department)	
EE Group = C (contractor) EE Subgroup = UC (contractor)	
Job Code = 10174960	
Object Abbr = "CONTRACTOR"	
Personnel Subarea = 9999 (contractor)	
POSN # of Supervisor (Department Contact)	
Working Title (Contractor AD Access or No AD Access)	
New Position Number	

Approved to Create SAP Record: Yes   No

If No, Inform Department Contact

HR Comments:

Human Resources Signature: _____   Date: _____