Virginia Polytechnic Institute and State University

**Wage Employee Appointment Record**

Upon completion and departmental approval this form should be forwarded to the departmental representative who is responsible for entering the hours worked on Banner. The departmental representative should maintain this form with the hourly wage employee records and P12W for regular wage appointment.

Name: Social Security Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Personal E-mail: Virginia Tech Assigned Number:

Mailing Address: Home Phone Number: ( )

City: State/ZIP Code:

|  |  |
| --- | --- |
| [ ]  I do not wish to have my **home address** listed in the | [ ]  I do not wish to have my **home phone number** listed in |
| campus directory. | the campus directory. |

Date of Birth: Country of Citizenship:

If Non-US Citizen: Visa type (check one) [ ]  H1 [ ]  F1 [ ]  J1 [ ]  Perm Res [ ]  Other

If Non-Resident Alien, Indicate Visa Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: Relationship:

Home Phone: ( ) Work Phone: ( )

Street Address:

**Employee Gender:** [ ]  Male [ ]  Female

**Ethnicity: Are you Hispanic or Latino?** [ ]  Yes [ ]  No

 A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or

 origin regardless of race.

**Race:** Check all that apply.

 [ ]  **American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including

 Central America), and who maintains tribal affiliation or community attachment.

 [ ]  **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian

 Subcontinent; for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the

 Philippine Islands, Thailand, and Vietnam.

 [ ]  **Black**

A person having origins in any of the black racial groups of Africa.

 [ ]  **Native Hawaiian or Other Pacific Islander**

 A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

 [ ]  **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

|  |  |  |
| --- | --- | --- |
| **Criminal History:** |  |  |
| Have you ever been convicted for any violations(s) of law, including misdemeanors? |  [ ]  Yes [ ]  No |  |
| If YES, please provide the following: Description of Offense, Statute, or Ordinance (if known); Date of Charge; Date of  |
| Conviction; and County, City, State of Conviction |  |
|  |
|  |
| Have you ever been convicted for moving traffic violations? |  [ ]  Yes [ ]  No |  |
| If YES, please provide the following: Description of Offense, Statute, or Ordinance (if known); Date of Charge; Date of  |
| Conviction; and County, City, State of Conviction |  |
|  |

**I certify the above information to be correct to the best of my knowledge:**

 Employee Signature Date

|  |
| --- |
| **Department Use Only** |

**Indicate position type:**

[ ]  Non-Student Wage

[ ]  Student Wage Work Study? [ ]  Yes [ ]  No

[ ]  Emergency Hire Indicate Appointment Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conviction Check Completed**: [ ]  Yes [ ]  No

**I-9 Completed**: [ ]  Yes [ ]  No

**Tax Forms Completed**: [ ]  Yes [ ]  No

**Position Information:**

Position Title: Position Number:

VT PID: Timeclock Plus Code:

Banner Fund: Department Number:

Hourly Rate: Work Schedule:

Start Date: End Date:

Supervisor Name/PID: Overtime Authorized?

**Special Instructions or Employee Restrictions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approve the Appointment and Information Provided Above:**

Supervisor: Date:

Department Head: Date: