**NEW HIRE:**

Employee Name & A Number: ________________________________
Start Date: ________________________________
Position/Title: ________________________________
Office Location: ________________________________

The employee has an existing University email (Current Student/WVSU Alum/Returning Employee, etc.) [ ]

The employee will be working [ ] Full-Time [ ] Part-Time

__Contact Human Resources immediately to generate an employee campus ID number “ANumber”. Once a campus ID is created and all information is updated in Banner, e-mail and MyState accounts are generated the following morning.__

Please go to Physical Facilities webpage to submit a service request for keys/swipe card, if needed, and office furniture setup, ([http://wvstateu.edu/administration/physical-facilities/work-order-form.aspx](http://wvstateu.edu/administration/physical-facilities/work-order-form.aspx)).

**Computer Needs:**

[ ] The new employee will utilize an existing computer but the computer requires setup for the new employee. The computer is located ________________________.

[ ] The new employee needs a new computer. Please contact ________________________ to obtain any detailed specifications that may be needed to quote a new computer. (Funding is the responsibility of the hiring department and NOT the IT department)

**Phone Needs:**

[ ] The new employee will utilize an existing phone but the phone requires setup for the new employee. The phone extension is ________ and the phone is physically located ________________________.

[ ] The new employee needs a new phone. (Funding is the responsibility of the hiring department and NOT the IT department)

**Banner or Other Accesses (if needed):**

Please provide a list of all needed Banner forms and the level of access such as view only or update. If the access needs to mimic that of another user, please enter the information for the user with like access. __________________________________________

**Additional Comments:**

________________________________________

________________________________________

Supervisor's Signature ___________________ Date ___________________
Vice President’s Signature ___________________ Date ___________________

To ensure timely processing, please return the completed form to Tom Bennett as soon as possible.