SECTION 1 - COMPLETED BY STAFF EMPLOYEE				
Are you a new UW employee? Yes No (If yes, you must complete an I-9 Form) Have you been separated from UW for more than 6 months? Yes No (If yes, you must complete a new I-9 Form)				
Last Name:		First Name:		Middle Name:
Date of Birth:	Gender: ☐ Male ☐	Female	Phone Number:	Email Address (very important):
Mailing Address:		Emergency Contact Name:		
		Emergency Contact Phone # 1:		
County:		Emergency Contact Phone # 2:		
I certify that the information above is accurate.				
Employee Signature: Date:				
<u>NOTE TO EMPLOYEE</u> - You should expect an email from your Payroll Coordinator within 2 business days with important payroll information and instructions regarding Timesheets, Direct Deposit, Affirmative Action Form, and W-4 Form.				
SECTION 2 - COMPLETED BY SUPERVISOR OR HIRING OFFICIAL				
Appointing Dept:	Campu	ıs Box:	OWLS	Timekeeper: letID)
Work Schedule Information				
SUN MON TUE WED THU FRI SAT Hrs Per Day			SUN MON	TUE WED THU FRI SAT
			In: ——— ——— Time Out: ——— ———	
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