Boston College Hire Form

- The Hire Form is used to hire Faculty and Non-BC Student Employees into an open position.
- The Hire Form is not used to hire a new staff employee (professional, administrative, office, clerical and service) or add a job for an existing staff employee.
- The Hire Form is not used to hire hourly paid BC student employees. These students are hired in PeopleSoft HR.

This form should be completed for all new hires (including additional positions for current employees).

Check all of the following that apply:

Monthly Weekly

Hourly Religious Order

Non-BC Student* Graduate Student (9-Ledger only)*

Resident Assistant*

Employee Data

Check box if this person is currently employed by Boston College (this indicates an additional job for this employee)

Has this person previously been employed by Boston College?

If yes, what type of employment was it?

Yes Full Time
No Part Time

Student Employee

Temp Pool

Month and year previous BC employment ended (mm/yyyy):

Last Name First Name Middle Initial

^{*} To hire other BC graduate or BC undergraduate students as student employees you must use the PeopleSoft Hire Process.

Citizenship Information

Social Security Number

	lf non-US citizen, in citizenship	dicate country of	State or Country of Birth				
Alien Perm							
Alien Temp							
Native US							
Naturalized							
Job Information (To changosition, first complete a Crea							
Effective Hire/Rehire Date (mi	m/dd/						
Hire Actions	Hire	Rehire					
Hire/Rehire Type							
Regular Full Time/ Faculty	member Re	Regular Part Time/ Faculty member					
Temporary Position Student Employee	Te	mporary Pool Position	on				
Temporary and Temporary Po Positions End Date (mm/dd/yy							
Probationary Period End Datedd/yyyy):	(mm/						
Position Number	Job (Code Number					
Department ID	Depa	rtment Name					
Position Title	Emplo	oyee Classification					

Compensation

Pay Type (complete one of the pay types listed below)

Hourly Pay Type	Weekly Pay Type	Monthly Pay Type
Hours per week	Hours per week	Hours per week
Weeks per year	Weeks per year	Months per year
Hourly Pay Rate	Hourly Pay Rate	Monthly Pay Rate

Job Earnings Distribution of Compensation

Dept ID.	Fund	Fund Source	Account	SEQ#	Program/ Project	% Funded*	Earnings Code (3 digits)	From**	To**

^{*} Percentage(s) (%) of compensation funded by the Account(s) must total 100%

Comments:			

^{**} mm/dd/yyyy

Benefits and Service Information (to be completed by appropriate Employment Area)

Does this position qualify for Benefits?

Yes - - Basic Benefits Monthly (BCM) Yes - Basic Benefits Weekly (BCW)

No - No Benefits (NOB) No - Part Time Faculty (PTF)

Annual Benefits Compensation Base

(to be calculated by appropriate Employment Area only if different from annual compensation for the above position)

Service Date (MM/DD/YYYY)

To be completed for all benefits - eligible rehires.

Note: If newly benefits-eligible, or rehire is more than 2 years after termination of prior benefitseligible employment with Boston College, Service Date will be the Rehire Date. If rehire is within 2 years of prior benefits eligible employment, Service Date will need to be adjusted - contact Benefits if there are questions regarding the determination of this date.

Continued on the next page

Authorizing Signatures

Department Cor completed this for	,	name and	d extension of perso	on who
Name:			Ext.:	
Print form now	and route to app	olicable d	epartment(s) for s	ignature
	Print Name:	Ext.:	Signature:	Date:
Dept/Dean:				
Executive VP:				
Contract & Grant Restricted Ledgers:				
Other:				
	ed by the Human		No	
	Print Name:	Ext.:	Signature:	Date:
Compensation	n:			
Employment Area:				
Area:	Γο be complete	ed by HF	RSC Representa	tive)
Area: Processing (Fo be complete 3 digits on BC Eag	_	-	tive)