

Instructions for the Hire Form

When to Use: Use the Microsoft Word template Hire Form for hiring faculty, casual labor and students. Use the Hire Form in the HR Web template for hiring Exempt and Non-Exempt staff.

Tips:

- When the cursor is in a data field, press **F1** to get help on how to fill in the data.
- Tab between fields and use Shift + Tab to go back a field.
- Note: **Section Headers**, such as Personal Data, should be considered as a whole.
- Key in names in any format. It will automatically convert to upper case when you tab.
- Fields such as dates can be entered without all the digits (for example: **6/1/3** will automatically convert to **06/01/03** when you tab out of the field)
- All dates should be entered as **month/day/year**.
- The check boxes can be selected or deselected by clicking.

Enter the Duke Unique ID
If unknown, search at:
<https://dukeid.duke.edu:8882/email/alias/owa/publicsearch>

Indicate whether employee is nonexempt (biweekly) or exempt (monthly)

Duke University Health System HIRE FORM		<input type="checkbox"/> Nonexempt (Biweekly-UB) <input type="checkbox"/> Exempt (Monthly-UM)
(Please Use F1 HELP Key for explanations in ANY field below)		
DUKE UNIQUE ID #:	Effective Date:	<input type="checkbox"/> Check if this is a registered Duke student.

Date of hire = first day of work

Check ONLY if the person is a registered Duke student

Enter full name. Enter middle initial if known. The name **must** match the SSN card.

Known as = Nickname

Family title (Jr., Sr.) or other titles

PERSONAL DATA (Printed or Typed Only)			
Last Name: <i>(Family Name)</i>	First Name: <i>(Given Name)</i>	M.I.:	Other Title: <i>(Eq. II III Jr. Sr. IV)</i>
U.S. SSN: <i>(required)</i>	Birth Date: <i>(required)</i>	Known As: <i>(preferred name)</i>	
Degree: <i>(BA BS DDS etc)</i>	Form of Address: <i>(Mr., Mrs., Miss, Ms., Dr., Prof)</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Non-Resident (INS)	Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Vietnam ERA Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Newly Separated Veteran	
[For Payroll Use Only]			
Tax Residency Status	FICA Code		

SSN & DOB are both **REQUIRED**

Gender is a **REQUIRED** field.

Designate the Citizenship status. Permanent Resident and Non-Resident terms both refer to foreign nationals.

REQUIRED - select only one ethnic group (note – these are the current Federal Government groups)

Indicate the employee's veteran status, if applicable.

Tip: If the hire is not a U.S. citizen, complete the Foreign National form and schedule an appointment

Two digit code for educational level. See Table below or go to:
<http://www.finsvc.duke.edu/finsvc/Resources/forms/payroll/tips/TablesForForms.html#t1>

Education Codes Reference Table

Code	Level of Education	Code	Level of Education
12	High School	58	D.M.A.
16	Bachelor's degree (B.A. or B.S)	59	D.Mus.Ed.
18	Master's degree (M.A., M.S.)	60	D.P.A.
19	PhD	61	D.P.E.
21	Other doctorate, not specified	62	D.Phys.Ed.
25	M.D.	63	D.Phil
26	M.D., D.D.S.	64	D.P.H.
27	M.D, PhD	65	D.R.E.
28	M.B, Ch.B	66	D.Sc.
29	D.M.D.	67	D.S.C.
30	D.D.S.	68	D.S.M
31	D.V.M	69	D.S.S.
32	V.M.D.	70	D.S.W.
33	M.B.	71	D.T.
34	D.V.M., PhD	75	Ed.D.
35	D.D.S, PhD	76	Ed.R.D.
36	M.D., J.D.	77	Eng.D.
37	J.D. or L.I.B.	78	Eng.Sc.D.
38	D.A.	80	J.C.D.
39	D.Arch.	81	J.D.
40	D.B.A.	82	J.S.D.
41	D.Ch.E.	83	L.H.D.
43	D.C.L.	84	Litt.D.
44	D.C.S.	85	Lit.D.
45	D.D.	86	LL.B.
46	D.Ed.	87	LL.M.
47	D.E.	88	LL.D
48	D.Eng.	89	M.B.A.
49	D.Eng.Sc.	90	M.P.H.
50	D.F.	91	Med.Sc.D.
51	D.F.A.	92	O.D.
52	D.H.	93	Pd.D.
53	D.H.L.	94	Pharm.D.
54	D.L.S.	95	Sc.D.
55	D.M.L.	96	S.M.D.
56	D.Mn.	97	S.T.D.
57	D.Mus.	98	Th.D.

Position # is an eight (8) digit number that begins with 5. If the position number is unknown, contact your management center or the Duke HRIC at **684-5600**. Please do not use the BPA #.

Position Title and Job Title may be the same or different. The Job Code is the four digit Job number.

Org. Unit # is an eight (8) digit number for the division or department

ORGANIZATIONAL DATA (required information)			
Position #:	Job Code #/Title:		
Position Title:			
Org. Unit #:	Org. Unit Name:		
Contract:	Org. Key:	Service Type: 60	Service Category:
<small>(01) Full (02) 30-39.9 hrs (03) 20-29.9 hrs (04) <20 (05) <20 ERP Retiree (06) Not Eligible (Exempts Only)</small>	<small>(Pay Point - 4 Characters)</small>	<small>(G/L Account)</small>	<small>(G/L Account)</small>
Employee Subgroup: <input type="checkbox"/> DU <input type="checkbox"/> HA <input type="checkbox"/> HB <input type="checkbox"/> HC <input type="checkbox"/> HD <input type="checkbox"/> HE <input type="checkbox"/> HF <input type="checkbox"/> HG <input type="checkbox"/> HH <input type="checkbox"/> HI <input type="checkbox"/> HJ <input type="checkbox"/> HK <input type="checkbox"/> HL			

Use the code key on the form to determine the Contract number

Org Key is a four (4) character field, preceded by DD for Duke University & Hospital, DR for Durham Regional, RC for Duke Health Raleigh Hospital.

Enter the Service Category – two numbers which are the 3rd and 4th digits of the G/L account. ST/SC only applies to Company Code 0010. Leave blank if not applicable.

Employee Subgroup is a **critical** data element that impacts premium pay calculations. See the table below for definitions. Employee Subgroup is the equivalent of the Employment Type.

Employee Subgroup Reference Table

If Job Family is...	And Position Is	Employee Subgroup Is
All Job Families Not Listed Below	Exempt or Nonexempt	DU
7 Office Support, Medical	Weekday	HA
	Weekend	HB
10 Clinical Technical Professional, II	Weekday	HC
	Weekend	HD
11 Nursing, Inpatient	Weekday	HE
	Weekend	HF
15 Clinical Labs	Weekday	HG
	Weekend	HH
30 Service, Nursing Care	Weekday	HI
	Weekend	HJ
32 Nursing- Administrative & Ambulatory Care	Weekday	HK
	Weekend	HL

COMPLETE ADDRESSES ARE REQUIRED - WITH CITY, STATE AND ZIP CODE

Home Address:
Home address and apt. no.
Telephone = optional

Campus Address:
Building and Room # on Line 1
Box # on Line 2

U.S. HOME ADDRESS <i>(Home Phone Number Optional)</i>			CAMPUS ADDRESS <i>(Check mailing address – All fields are Required)</i>		
Address line 1: _____			Address line 1: _____ <i>(Bldg. & Room Number of Physical Work Location)</i>		
Address line 2: _____			Address line 2: _____ <i>(P.O. Box Number)</i>		
City: _____			City: _____		
State: _____	Zip: _____	Tel: (____) _____	State: _____	Zip: _____	Tel: (____) _____

If the person is a foreign national, **record the local address** on this form and the foreign address on the Foreign National Form. Both will be entered into the Payroll system.

Check Reasons as applicable

Check 8 hours for part time employees

REASON FOR ACTION		
NEW HIRE REASON <input type="checkbox"/> Vacant Position <input type="checkbox"/> New Position (Due to Flex) <input type="checkbox"/> New Position	REENTRY REASON <input type="checkbox"/> Rehire from Termination <input type="checkbox"/> Rehire from Retirement <input type="checkbox"/> Recall from Layoff < 1 Year	MARK POSITION FILLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF PAYMENT Rate of Pay: _____ <input type="checkbox"/> Hourly (1000) <input type="checkbox"/> Monthly (1400)	WORK SCHEDULE Work Schedule: <input type="checkbox"/> 8hrs/day <input type="checkbox"/> 10 hrs/day <input type="checkbox"/> 12 hrs/day Hours/Week: _____ OT Option: _____ Planned Wks/Yr: _____ Full Time Wks/Yr: 52.00	

Hourly rate if Non Exempt; monthly rate if Exempt

Check again if Non Exempt (hourly) or Exempt (monthly)

See OT Codes in **Tips** below

How many weeks do you plan to fill this position this year?

Tips:

- Overtime Codes:
 - OT 0 = Exempt Employees
 - OT 1 = Pays overtime on the greater of 8/hrs/day or 40/hrs/week
 - OT 2 = Pays overtime on the greater of 8/hrs/day or 80/hrs/pay period
 - OT 3 = Pays overtime on work over 40 hours/week.

Indicate the primary funding source on line #1. The Duke Health System should use their nine (9) digit Cost Center or WBS Element; The University / School of Medicine uses the seven (7) digit Cost Center or WBS Element. All totals must equal 100%.

Enter the Service Category = two numbers which are the 3rd and 4th digits of the G/L account - for Company 0010 only.

COST DISTRIBUTION (If additional distributions are required please attach separate cost distribution form as an addendum)				
Company Code	Cost Center or WBS Element	Service Type	Service Category	% Amount (Must total 100%)
		60		
		60		
		60		
Remarks/Comments:				
FOR TAX PURPOSES: Federal Tax Form W-4 and State Tax Form NC-4 MUST Accompany This Hire Form				
Authorized Departmental Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>		Date: _____	Tel: (____) _____ <i>(Required Information)</i>	
Authorized Budgetary Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>		Date: _____	Tel: (____) _____ <i>(Required Information)</i>	
Prepared By: _____ <i>(Print Name and Obtain Signature)</i>		Date: _____	Tel: (____) _____ <i>(Required Information)</i>	

IMPORTANT!
Name of the person who prepared this form.

Enter the name and get the signature of the supervisor or person authorized in the department to make the hire.

Enter the name and get the signature of the authorized person at the Management Center level.

- Print the form and obtain signatures. Remember to attach the W4 and NC4 forms for tax withholding allowances.
- Also attach a copy of the Social Security card.

