

**The University of Tennessee**

**Initial Hire/Rehire of Employee** *(Please check IRIS for Employment Status before completing this form)*

Employee Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Personnel # (Rehires) \_\_\_\_\_ SSN # (New) \_\_\_\_\_  
TN Unique ID \_\_\_\_\_ NetID \_\_\_\_\_  
Responsible Cost Center \_\_\_\_\_ Cost Ctr Name \_\_\_\_\_  
Preparer \_\_\_\_\_ Phone # \_\_\_\_\_

**EFFECTIVE DATE OF HIRE** \_\_\_\_\_ *(Enter X in appropriate type of hire)*

- Hire an Employee     Rehire an Employee     Transfer Friend to Employee     Transfer Pending to Active

**EMPLOYEE IS** (enter X in appropriate box)

- A UT Retiree     State of Tennessee Retiree     Federal Retiree

**ACTION (IT0000)**

**Reason for Action:**

**Explanation of Actions**

**ORGANIZATIONAL ASSIGNMENT (IT0001)** *sets up employee relationship to entire University organization*

Payroll Area     Monthly     Biweekly     Non-Pay

Personnel Area: \_\_\_\_\_ Personnel SubArea: \_\_\_\_\_

Employee Group: \_\_\_\_\_ Employee SubGroup: \_\_\_\_\_

**Primary Position Information:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ % of Effort for Position: \_\_\_\_\_

Is this an existing position?     Yes     No    If yes, please provide the position number \_\_\_\_\_  
If no, please complete and submit an approved Create Position Form

If yes, please provide vacator's name \_\_\_\_\_  
Name of Position \_\_\_\_\_

**Additional Position Information:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ % of Effort for Position: \_\_\_\_\_

Is this an existing position?     Yes     No    If yes, please provide the position number \_\_\_\_\_  
If no, please complete and submit an approved Create Position Form

If yes, please provide vacator's name \_\_\_\_\_  
Name of Position \_\_\_\_\_

**For Ag. Extension Appointments Only:**

CORPORATE FUNCTION	Percentage _____
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CORPORATE FUNCTION	Percentage _____

<b>Employee Name:</b>	0	0	0	<b>Personnel #:</b>	0
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**TENURE (IT9022)** *To be used for Faculty Appointments (please attach the Recommendation for Faculty Appointment Form)*

- Tenured     On Tenure Track     Not on Tenure Track     Ineligible for Tenure-HSC Only     Emeritus



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**APPROVAL SIGNATURES**

_____	Date _____	_____	Date _____
Department Head			
_____	Date _____	_____	Date _____

**Attachments**

- Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- Form I-9 photocopies of documentation
- Direct Deposit Authorization Form
- Personal Data Form (PDF)
- Correspondence and supporting documentation
- Recommendation for Faculty Appointment Form
- Authorization of Disclosure Form