**Add a Salaried New Hire**

Use this form to add salaried new hires into Cardinal. Required fields are marked with an asterisk (\*). For assistance filling out this form,

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at vccc@vita.virginia.gov with "Cardinal" in the subject line.

*Please print legibly to prevent delay in processing.*

| **New Hire Information** |
| --- |
| **Name**  |
| Effective Date\*(MM/DD/YYYY) |  |
| Name Prefix |  |
| First Name\* |  |
| Middle Name |  |
| Last Name\* |  |
| Name Suffix |  |
| **Biographic Information**  |
| Date of Birth\*(MM/DD/YYYY) |  |
| **Biographical History** |
| Gender\*(choose one) | ☐ Male [ ]  Female  |
| Highest Level of Education |  |
| Marital Status\*(choose one) | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widowed  |
| **National ID**  |
| National ID\* |  |

|  |
| --- |
| **Address** |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3For Foreign Addresses Only |  |
| City |  |
| State |  |
| Postal |  |
| **Phone Information**  |
| Phone Type(choose one) | [ ]  Business [ ]  Home [ ]  Mobile  |
| Phone Number |  |
| **Email Information** |
| Email Option(choose one) | [ ]  Agency Provided Email[ ]  Pending Agency Provided Email[ ]  Employee Provided Email  |
| Email Type(choose one) | [ ]  Business [ ]  Personal |
| Email Address |  |
| **Regional** |
| Ethnic Group 1 |  |
| Ethnic Group 2 |  |
| Ethnic Group 3 |  |
| Military Status |  |
| Citizenship | [ ]  Native [ ]  Alien Temporary [ ]  Permanent Resident |

| **New Hire Details** |
| --- |
| **Work Location** |
| Effective Date\*(MM/DD/YYYY) |  |
| Action\* | Hire |
| Reason\* | New Hire |
| Position Number\* |  |
| **Job Information** |
| Empl Class\* |  |
| Standard Hours |  |
| **Payroll** |
| Pay Group |  |
| Holiday Schedule |  |
| Employee TypeSalaried or Hourly |  |
| Tax Location Code |  |
| **Absence Management** |
| Absence System | [ ]  Absence Management [ ]  Other |
| Eligibility Group(Required if Absence System=Absence Management) |  |
| **Compensation** |
| Frequency(Choose One) | [ ]  Annual [ ]  Biweekly [ ]  Daily [ ]  Hourly [ ]  Monthly[ ]  PAY18 [ ]  PAY20 [ ]  PAY22 [ ]  Weekly [ ]  Semimonthly |
| State Pay(Salary, Annual) | $ |
| Non-State Pay(Salary) | $ |
| Special Pay | $ |
| Frequency | [ ]  Annual [ ]  Hourly |
| **Benefits Program Participation**  |
| Elig Fld 2Health Subgroup Number |  |
| Elig Fld 3Timekeeping |  |
| Elig Fld 8Months-Pays |  |
| Elig Fld 9Health & Bill Premium |  |

**Add a Wage New Hire**

| **New Hire Details** |
| --- |
| **Name Section** |
| Effective Date(MM/DD/YYYY) |  |
| Name Prefix |  |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Name Suffix |  |
| **Biographic Information** |
| Date of Birth(MM/DD/YYYY) |  |
| **Biographical History Section** |
| Gender(choose one) | ☐ Male [ ]  Female  |
| Highest Level of Education |  |
| Marital Status(choose one) | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widowed  |
| **National ID**  |
| National ID |  |
| **Address** |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3For Foreign Addresses Only |  |
| City |  |
| State |  |
| Postal |  |
| **Phone Information** |
| Phone Type(choose one) | [ ]  Business [ ]  Home  |
| Phone Number |  |
| **Email Information** |
| Email Option(choose one) | [ ]  Agency Provided Email[ ]  Pending Agency Provided Email[ ]  Employee Provided Email |
| Email Type(choose one) | [ ]  Business [ ]  Personal |
| Email Address |  |
| **Regional** |
| Ethnic Group 1 |  |
| Ethnic Group 2 |  |
| Ethnic Group 3 |  |
| Military Status |  |
| Citizenship | [ ]  Native [ ]  Alien Temporary [ ]  Permanent Resident |
| **Job Data page > Work Location tab** |
| Effective Date(MM/DD/YYYY) |  |
| Action | Hire |
| Reason | New Hire |
| Position Number |  |
| **Job Information tab** |
| Empl Class | Wage |
| **Absence Management** |
| Absence Management | Other |
| **Payroll**  |
| Payroll Pay Group |  |
| Holiday Schedule | HOLHR |
| Employee Type | H |
| Tax Location Code |  |
| **Compensation** |
| Frequency | H |
| Hourly Pay | $ |
| **Benefits Program Participation**  |
| Elig Fld 2Health Subgroup Number |  |
| Elig Fld 3Timekeeping |  |
| Elig Fld 8Months-Pays |  |
| Elig Fld 9Health & Bill Premium |  |