**Columbia University Payrollee Employment Verification Form**

**(To be completed by Hiring Manager)**

**Please submit completed form to the Temporary Staffing Office prior to sending candidate for onboarding**

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| Today’s Date: Click here to enter a date. |
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| **Candidate Information:**Candidate Name: Click here to enter text.Candidate Address: Click here to enter text.Candidate Phone Number: Click here to enter text. Candidate Email Address: Click here to enter text.Has Candidate Previously Worked at Columbia University (Yes/No)? Click here to enter text.If yes, please provide dates and total hours worked in the past 12 months: Click here to enter text.In what capacity has the candidate previously worked (i.e. employee, casual?): Click here to enter text.Is the candidate currently enrolled as a student at Columbia University (Yes/No)? Click here to enter text. |
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| **Assignment Information:**  **(PLEASE NOTE CANDIDATE CANNOT START UNTIL FORM I-9 IS COMPLETED)** |
| Start Date: Click here to enter a date. | Anticipated End Date: Click here to enter a date. |
| Job Title: Click here to enter text. | Work Address: Click here to enter text.Is Work Location Outside of the U.S. (Yes/No)? |
| Is this position a Union position (Yes/No)? Click here to enter text.If yes, please list the Union: Click here to enter text.If no, list Grade Level: Click here to enter text.Reason for coverage? (Special project, covering for a disability or a leave, open position etc.)Click here to enter text.Brief Description of Duties/Work Hours:Click here to enter text.Hourly Pay Rate\*: Click here to enter text. Reason for Assignment: Click here to enter text. |
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| **Department Information:** |
| Department/School Name: Click here to enter text. | Department #: Click here to enter text. |
| ChartString/SpeedChart Number to Charge: Click here to enter text.

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| **Natural Account** | **Project** | **Initiative** | **Bus Unit** | **Dept** | **PC Bus Unit** | **Activity** | **Segment** |
| 64600 (temporary help) |  |  |  |  |  |  |  |

Supervisor Name: Click here to enter text.Supervisor Phone Number: Click here to enter text.Timesheet Approvers: Click here to enter text. ***(Please provide a minimum of two timesheet approvers)***DAF Approver: Click here to enter text. |