**Add a New Hire**

Use this form to add personal data for locality new hires into Cardinal. Job data uses pooled positions that are unique for each locality. Required fields are marked with an asterisk (\*). For assistance filling out this form, please refer to the HR352 Completing a New Hire (Benefits Only) job aid on the Cardinal website: cardinalproject.virginia.gov/job-aids.

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or locality 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 type or print legibly to prevent delay in processing.*

| **New Hire Personal 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 |  |
| 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 |  |
| **New Hire Job Information** |
| **Work Location** |
| Effective Date\*(MM/DD/YYYY) |  |
| Action\* | Hire |
| Reason\* | New Hire |
| Position Number\* |  |
| **Job Information** |
| Empl Class | TLC EE |
| Standard Hours |  |
| **Payroll** |
| Pay Group | MNP |
| Employee TypeSalaried or Hourly |  |
| Tax Location |  |
| **Benefits Program Participation page** |
| Elig Fld 2Health Subgroup Number |  |
| Elig Fld 3Timekeeping | N |
| Elig Fld 8Months-Pays |  |
| Elig Fld 9Health & Bill Premium |  |