**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](mailto: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 Type  Salaried or Hourly |  |
| Tax Location |  |
| **Benefits Program Participation page** | |
| Elig Fld 2  Health Subgroup Number |  |
| Elig Fld 3  Timekeeping | N |
| Elig Fld 8  Months-Pays |  |
| Elig Fld 9  Health & Bill Premium |  |