

**Data & System Set-up Form**

Return to HR **before** your first day of employment –  
[benefits@uidaho.edu](mailto:benefits@uidaho.edu) or fax 1-208-885-3602

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Previously or applying to be a volunteer or affiliate with the university Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving PERSI retirement income? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you vested in PERSI? Yes \_\_\_\_\_ No \_\_\_\_\_

Previously Employed by the State of Idaho? Yes \_\_\_\_\_ No \_\_\_\_\_

Include all part-time and temporary employment with the University of Idaho and any other state agencies. This information is used to compute service credit.

Dates of Employment \_\_\_\_\_ Location \_\_\_\_\_ Classification \_\_\_\_\_ Name Used \_\_\_\_\_

**The Idaho Public Records Law gives employee the right to consent or to withhold consent for release of their personal information. Please indicate your choice where indicated and sign your name. Failure to indicate a choice will be considered lack of consent. Your selection will be considered continuous from year to year unless you inform Human Resources at the University of Idaho in writing to the contrary.**

May UI release your home address and telephone upon request? Yes \_\_\_\_\_ No \_\_\_\_\_

May UI sell your home address and phone number for mailing lists? Yes \_\_\_\_\_ No \_\_\_\_\_

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary e-mail account on file. Not applicable to volunteers or affiliates.
- I acknowledge that I have been informed and understand that the benefit handbook/SPD is posted on the Benefits website: <http://www.hr.uidaho.edu/default.aspx?pid=35610> Printed copies may be requested from Benefits with 48 hours' notice.
- I understand that my benefit information about my plan choices, dependents enrolled and cost may be found at my benefit portal: <http://vandalweb.uidaho.edu>
- I understand that my University of Idaho personnel and pay roll information is available to me and updateable by me through my VandalWeb portal at: <http://vandalweb.uidaho.edu>

Signature \_\_\_\_\_

Date \_\_\_\_\_

*\* This form may be returned electronically, however, your original signature must be kept on file. Please bring this with you to your new hire sign up meeting. Volunteers and affiliates need to return the form before the department can initiate system access privileges if necessary.*

**This section MUST BE completed by the employees hiring department:**

Work Address \_\_\_\_\_ Department \_\_\_\_\_ Building / Room # \_\_\_\_\_ Campus Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Classification (Circle one below) \_\_\_\_\_ Date of Hire \_\_\_\_\_

Faculty / Classified / Exempt / Volunteer / Affiliate / Other \_\_\_\_\_ Dept Contact Name \_\_\_\_\_

Security sensitive positions **require** background checks, does this position? Yes \_\_\_\_\_ No \_\_\_\_\_ Initial: \_\_\_\_\_