



NEW PERSONNEL FORM

I. To Be Completed by New Employee		
Name (First/MI/Last):	Social Security Number: - -	Date Of Birth: / /
Address:	Telephone: (Home) (Mobile) Emergency Contact Name & #:	Email:
U.S. Citizenship: <input type="checkbox"/> yes <input type="checkbox"/> no	If no, Visa Type & #: Exp.	Country of Citizenship:
Employee Signature & Date:		
II. To Be Completed by Investigator		
Date of Request:	Name & Title: Name & Title of Contact, if different:	Telephone & Email Contact Info:
Name of Project:	Account #:	Location of Work:
Wage Amount: \$ per month	WOC Approval: 1099 On File: <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> no	<input type="checkbox"/> full-time, i.e. > 30 hours per week <input type="checkbox"/> part-time # hours per week =
Human Subjects Research: <input type="checkbox"/> yes <input type="checkbox"/> no Any involvement with VA IRB-approved human research, please complete the following: <input type="checkbox"/> Scope of Work <input type="checkbox"/> Education Verification <input type="checkbox"/> Copy of Professional License	Facility Access: <input type="checkbox"/> VA Computer Access <input type="checkbox"/> LAN User Access <input type="checkbox"/> Room Keys, specify: <input type="checkbox"/> Access Codes, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> Parking	
Position Description:		
I understand that if these duties in the position description change significantly, a new position description must be submitted. I also Understand that this employee will not make clinical diagnoses or prescribe care for patients.		
Investigator Signature & Date:		
EBIRE Executive Director Signature & Date:		