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

Today's Date: Click here to enter a date.

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.

Assignment Information:

(PLEASE NOTE CANDIDATE CANNOT START UNTIL FORM I-9 IS COMPLETED AND OUR OFFICE HAS CONFIRMED THAT THE CANDIDATE HAS COMPLETED ONBOARDING)

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.

Please provide a complete job description for the position along with tentative work schedule:

Click here to enter text.

Hourly Pay Rate: Click here to enter text.   Reason for Assignment: Click here to enter text.

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.

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.

Please note that candidates will be required to complete new hire paperwork along with Form I-9.

Onboarding is completed virtually