**Add a Salaried New Hire**

Use this form to add salaried new hires into Cardinal. Required fields are marked with an asterisk (\*). For assistance filling out this form,

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

| **New Hire 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 |  |
| Address Line 3  For Foreign Addresses Only |  |
| 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 | Native  Alien Temporary  Permanent Resident |

| **New Hire Details** | |
| --- | --- |
| **Work Location** | |
| Effective Date\*  (MM/DD/YYYY) |  |
| Action\* | Hire |
| Reason\* | New Hire |
| Position Number\* |  |
| **Job Information** | |
| Empl Class\* |  |
| Standard Hours |  |
| **Payroll** | |
| Pay Group |  |
| Holiday Schedule |  |
| Employee Type  Salaried or Hourly |  |
| Tax Location Code |  |
| **Absence Management** | |
| Absence System | Absence Management  Other |
| Eligibility Group  (Required if Absence System=Absence Management) |  |
| **Compensation** | |
| Frequency  (Choose One) | Annual  Biweekly  Daily  Hourly  Monthly  PAY18  PAY20  PAY22  Weekly  Semimonthly |
| State Pay  (Salary, Annual) | $ |
| Non-State Pay  (Salary) | $ |
| Special Pay | $ |
| Frequency | Annual  Hourly |
| **Benefits Program Participation** | |
| Elig Fld 2  Health Subgroup Number |  |
| Elig Fld 3  Timekeeping |  |
| Elig Fld 8  Months-Pays |  |
| Elig Fld 9  Health & Bill Premium |  |

**Add a Wage New Hire**

| **New Hire Details** | |
| --- | --- |
| **Name Section** | |
| 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 Section** | |
| 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 |  |
| Address Line 3  For Foreign Addresses Only |  |
| City |  |
| State |  |
| Postal |  |
| **Phone Information** | |
| Phone Type  (choose one) | Business  Home |
| 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 | Native  Alien Temporary  Permanent Resident |
| **Job Data page > Work Location tab** | |
| Effective Date  (MM/DD/YYYY) |  |
| Action | Hire |
| Reason | New Hire |
| Position Number |  |
| **Job Information tab** | |
| Empl Class | Wage |
| **Absence Management** | |
| Absence Management | Other |
| **Payroll** | |
| Payroll Pay Group |  |
| Holiday Schedule | HOLHR |
| Employee Type | H |
| Tax Location Code |  |
| **Compensation** | |
| Frequency | H |
| Hourly Pay | $ |
| **Benefits Program Participation** | |
| Elig Fld 2  Health Subgroup Number |  |
| Elig Fld 3  Timekeeping |  |
| Elig Fld 8  Months-Pays |  |
| Elig Fld 9  Health & Bill Premium |  |