



New Associated Employee Request Form

Section 1 – Associated Agency Completes for Employee

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City, State, Zip _____

Township _____

County _____

Agency / Work Email Address _____

Primary Phone Number _____

Gender _____

DOB _____ Social Security Number _____

Section 2 – Associated Agency Completes

Associated Agency Name _____

Associated Agency Contact Person _____

New Associated Employee Job Title _____

New Associated Employee Start Date _____

New Associated Employee End Date (Please answer N/A if no end date) _____

Does this employee need account access for University Systems: Yes No
(Once approved, access to specific systems would need to be requested)

New Associated Employee Campus Address (If Applicable)

Please confirm background checks have been/will be completed for this employee:

Yes No Comments _____

Will this person have direct contact with children (minors under the age of 18) - defined as the care, supervision, guidance or control of children, or routine interaction with children.

Yes No

Organization Contact Signature: _____ Date _____

Non-West Chester University Employees (No WCU AD Account or Email):

- *Send the form to Eric Guiser in Human Resources through a secure drop box at <https://securefiles.wcupa.edu/>.*
 - *Select Drop-Off*
 - *Request Code – No*
 - *Enter your name, organization and email address*
 - *Select Send Confirmation*
 - *Go to that email and select the link at the bottom*
 - *Add Recipients - Type in Eric Guiser and equiser555@wcupa.edu*
 - *Select Add & Close*
 - *Attached the file*
 - *Select Drop Off Files*

West Chester University Employees

- *Send the form to Eric Guiser in Human Resources through a secure drop box at <https://securefiles.wcupa.edu/>.*
 - *Log In with WCU log on*
 - *Select Drop-Off*
 - *Add Recipients - Type in Eric Guiser and equiser555@wcupa.edu*
 - *Attached the file*
 - *Select Drop Off Files*

Section 3 - Human Resources Department

Name and Contact Person _____

Does this employee need system access: Yes No
(if yes – send employee the following)

- Acceptable Use Policy
- Confidentiality Agreement

Does HR/LR need to obtain background checks: Yes No
(If yes, send to LR to start process)

Received signed Acceptable Use Policy and Confidentiality Agreement:

Yes No N/A

HR/LR Background Checks Complete: Yes No N/A

SAP Data Needed

Belongs to Org # (Related Department)	
Cost Center (Related Department)	
Division/Department (Related Department)	
EE Group = C (contractor) EE Subgroup = UC (contractor)	
Job Code = 10174960	
Object Abbr = "CONTRACTOR"	
Personnel Subarea = 9999 (contractor)	
POSN # of Supervisor (Department Contact)	
Working Title (Contractor AD Access or No AD Access)	
New Position Number	

Approved to Create SAP Record Yes No

If No, Inform Department Contact

HR Comments:

Human Resources Signature: _____

Date _____