

# College of Engineering

## New Hire/ Rehire Checklist

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee Email: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

EHRA/ SHRA/ Post Doc Appointment Form

Hiring Proposal Approval Email

Offer Letter (with all required signatures)

Patent Agreement (No-PayEHRA only)

Post Doc Medical Form (Post Doc Only)