

Department of Personnel Management

New Employee Hire Form



Revised 06/24/2026

Employee Information

Please attach with the New Hire Form in Dayforce

AB or SSN:	Employee's Full Name <i>(Last Suffix, First Middle)</i>	Ethnicity	Marital Status
_____	_____	_____	_____
Start Date:	Type of Employment	Not To Exceed:	Salary Assessment
_____	_____	_____	☐ Yes ☐ No
			Provisional Hire
			☐ Yes ☐ No

Contact Information

Physical Address:	Mailing Address:
_____	_____
City: State: Zip Code:	City: State: Zip Code:
_____	_____
Telephone No:	E-mail Address:
_____	_____

Position / Pay Information

Position ID:	Position Title:	Dept No	Department Name
_____	_____	_____	_____
Grade/Step	Pay Rate:	Per Annum:	Business Unit Number
_____	_____	_____	_____
			(If Cost Shared, use pg. 2)
			Worksite Location:

Required Attachments

The required documents will need to be attached when submitting the New Hire Form in Dayforce.

- | | | |
|---|--|---|
| ☐ Justification Memo for Selection | ☐ Social Security Card | ☐ Individual Assessment (If applicable) |
| ☐ Referral of Qualified Applicants | ☐ Valid State Driver's License | ☐ Favorable Adjudication Memo (Criteria 1) |
| ☐ NN Employment Application | ☐ Certificate of Navajo Indian Blood (CNIB) | ☐ Federal W-4 and Applicable State Tax Forms |

Employee's Acknowledgement

Department Approval

Employee's Signature	Date	Department Manager's Signature	Date
_____	_____	_____	_____

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Cost Distribution

Business Unit Number(s):	Distribution %	Business Unit Number(s):	Distribution %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
Subtotal (%)	_____ %	Grand Total (%)	_____ %