

Campus Services
Temporary Registration Form

Empl Rec # _____

TO BE COMPLETED BY THE EMPLOYEE (PLEASE PRINT)

Name*

First Middle Last

* If you have a preferred name please edit your personal information in PeopleSoft after you have been hired.

Mailing Address:

Street Apt. #

City State Zip Code Local Telephone #

Emergency Contact:

Name Relationship Telephone #

Date of Birth: ____/____/____
Month Day Year

Marital Status: Married Single Gender: M F Non-binary Class Year: _____

Ethnic Code: (optional) 1.Black 2.Asian/Pacific Islander 3. American Indian/Alaskan 4.Hispanic 5.White

Are you a current Harvard Student?: Yes No Harvard ID: _____

Are you a current Harvard Employee?: Yes No Harvard Email: _____

Secondary Email: _____

If Yes, Department Supervisor's Name

Have you ever been employed by Harvard Univ.?: Yes No Dates of Service: From: _____ To: _____

Are you a work study student? Yes No

Employee's Signature Date

TO BE COMPLETED BY THE DEPARTMENT

Department Name Supervisor's Name Supervisor's Telephone #

Job Title Work Location Hire Date Auto Term Date

Pay Group Group ID Job Code Dept. Code Rate of Pay (per hr.) Hours per week

Department Cost Code: _____
Tub Org Object Fund Activity Sub Activity Root

Supervisor's Signature Date