



Office of Human Resources
Data Management

E-FAX COVERSHEET

Fax (Poly/Tempe) | **480.993.0005**
Fax (Downtown/West) | **602.603.3775**

DATE: _____ # PAGES (including cover): _____
EMPLOYEE NAME: _____
EMPL ID and/or Affiliate ID: _____

Please check the box indicating which documents follow this cover:

A-4 and/or I-9 forms only (not complete New Employee Payroll Packet)

Complete New Employee Payroll Packet (aka New Hire Packet)

Student Hiring Request form

Student Level Reclassification Request form

Data Management Exception form

Emergency Hire or Focused Recruitment form

Pay Option Form (For faculty on academic year appointments)

Other: _____

SENDER: _____

CONTACT PHONE: _____

DEPT: _____

IMPORTANT NOTE: This E-fax contains confidential information intended only for the person(s) to whom it is addressed.