

Day One New Employee Questionnaire



Employee Information

My Official Job Title: _____

My Campus ID (850) Number: _____ Our Office's Physical Address: _____

My Classification (circle one): SHRA EHRA _____

My Division: _____

My Office Phone: 962-_____ Campus Box #: _____

Supervisor Information

Name: _____

Email: _____@uncw.edu

UNCW Phone: 962-_____

Cell Phone: (____) - ____ - _____

Other Dept. Contact

Name: _____

Email: _____@uncw.edu

UNCW Phone: 962-_____

Cell Phone: (____) - ____ - _____

Workplace Questions

What are my work hours?

Will I telework or have a flexible schedule? (If yes, complete the [telework form](#))

How do I access my building/office?

What is our department's dress code?

What are our department's safety and emergency protocols?

What are our department guidelines for email signatures (if any)?

What are the preferred communication practices for our department?

Leave & Pay Questions

How do I request time off?

How do I complete my leave report?

How often do I have to submit my leave report?

How many hours of vacation and sick leave do I earn?

Who can help me with my leave report?

Departmental Leave Keeper Name: _____

Email: _____@uncw.edu UNCW Phone: 962-_____

When is my first paycheck?

Note: As State Employees, we are paid once a month through direct deposit.

Additional Questions & Notes

Other Questions?

Reach out to the Employee Leadership, Learning, & Engagement (ELLE) team!

Visit our website at www.uncw.edu/D2LA