

Athletics ICAA Non-Benefit Eligible (NBE) Form

Type of Hire:

Student (ZS) Temporary, Hourly (Z3)

Grad Assistant (ZG) Temporary, Salary (Z4)

Employee Information:

First Name:

Middle Name or Initial: (optional)

Last Name:

WSU ID: (if available)

Email Address:

Position/Department Information:

Org Number:

Department Contact (First and Last Name):

Department Contact Email:

Supervisor (First and Last Name):

Desired First Day of Work:

Instructions to Complete NBE Form

Background Check:

Does this position require a background check? Visit the [Background Check Requirements](#) website if further guidance is needed.

Yes

No

Background Check Billing Org:

Background Check Billing Fund:

US Export Compliance Requirement:

Does this position require validation based on a need for US Person or US Citizen? Visit the [Import/Export Considerations](#) website if further guidance is needed. If yes, please ensure new hire meets criteria.

Yes - US Person

Yes - US Citizen

No Validation Required

Remote Work:

Based on the criteria outlined under [Remote Work Guidance](#), is this employee required to complete a [Remote Work Request](#) form? If yes, please ensure it is completed by the employee.

Yes, the Remote Request Form is required and will be completed by the employee.

No, the Remote Request Form is not required.

Comments/Position Number: