

STUDENT EMPLOYMENT FORM SPONSORED PROGRAMS

***STATE AND FEDERAL GOVERNMENT GRANT USE ONLY**

SECTION A: To Be Completed by Student Employee (Please Print)

D# _____
 Students Name: _____ Graduation date _____
 DSU email: _____
 Home Address: _____

Phone No. _____ Date of Birth ___/___/___
 Notify in Emergency _____ Phone No. _____

* Race _____ Sex _____ Marital Status: _____
 (S-Single/M-Married)
 U.S Citizen? Yes, or No (If Yes) State of Residence _____ (If No) Country of
 Citizenship & Visa Symbol _____

SECTION B: TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

Department Name _____ Budget/Dept. No _____
 Position Title: _____ Fund No.: _____

Project Title _____

Starting Date: _____ Ending Date: _____
 Hourly Rate: _____ Average Hrs./Week: _____
 Max. Award: _____

SECTION C: Required Signatures

_____	_____	_____	_____
Student Employee	Date	Supervisor	Date
_____	_____	_____	_____
Dean	Date	Principal Investigator	Date
_____	_____	_____	_____
Student Employment Office	Date	Office of Sponsored Programs	Date