

STUDENT EMPLOYMENT FORM (Departmental)**Section A: TO BE COMPLETED BY STUDENT EMPLOYEE**

Student's Name: _____ D100# _____

Email address: _____ Grad date: _____

Home Address: _____

Address City State Zip

Phone Number: _____ Date of Birth: _____

Notify in Emergency: _____ Phone Number: _____

Race: _____ *Sex: _____ Marital Status _____
(S-Single/M-Married)

*NEEDED FOR PURPOSE OF REPORTING TO STATE AND FEDERAL GOVERNMENT

U.S. Citizen? _____ Yes; _____ No (If yes) State of Residence _____

(If No) Country of Citizenship & Visa Symbol _____

Section B: TO BE COMPLETED BY HIRING DEPARTMENT

Dept. Name: _____ Dept. No. _____

Position Title: _____

Starting Date: ____/____/____ Ending Date: ____/____/____ (Total weeks ____) Hourly
Rate: _____ Average Hours Per Week: _____ (\$ ____ per week)

MAX AWARD: _____ STIPEND or HOURLY (Please circle one)

Please be sure to indicate whether paying a **STIPEND or HOURLY** rate. Hourly Rate and Award Amount must be indicated also. **Please include a copy of the Social Security card, a signed I-9, and W-4 forms.** Paperwork cannot be processed without this information.

Section C: REQUIRED SIGNATURES

Student Employee Date: ____/____/_________
Supervisor Print Name Date: ____/____/_________
Student Employment Office Date: ____/____/____