Work Study _____
Student Hourly_____
Appointment #_____

***New Student Employee Information to be completed by Supervisor when hiring, making pay rate or position changes and ending employment***
***Must signed by Student Employee when adding employee***

Employee Name:_____
PLEASE PRINT

Employee Social Security Number:_____

Payrolling Organization:_____

Position Title:_____

Unit/Division/Department Codes: A-04-27_____

Hourly Rate: $_____

Appointment Period:_____To:_____
Beginning Date Ending Date

_____ _____
Employee Signature Supervisor Signature

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**Change Student Employee Information**

I need to make a change in a continuing employee's personnel record. That change is:

_____ Employee has terminated as of _____ (Date)
Employee terminated because:_____(01) Resignation
_____(07) Dismissal
_____(99) Cancelled - used if employee did not show up for work
_____ Other

_____Previously terminated employee form payroll and employee is continuing in appointment

_____Employee's hourly rate is changed from $_____ to $_____
Employee's hourly rate changed because:
_____(003) Promotion
Effective Date:_____ _____(004) Correction
_____Other

_____Employee is being changed from regular hourly to a work-study employee

_____Employee is being changed from a work-study to a regular hourly employee

_____Employee has a change in funding information
from _____ to_____
Unit/Division/Department # Unit/Division/Department #

Approved:_____ Date:_____

Received
Dates I-9_____ W-2_____ DD_____ EV_____

**RETURN WITH TIMESHEET TO: SSFC/ASM Office 512 Memorial Union6/2004**