OFFICE OF STUDENT SUPPORT SERVICES
STUDENT EMPLOYMENT PROGRAM
REQUEST TO HIRE STUDENT EMPLOYEE

Instructions: This form should be completed after a student has interviewed and been selected to fill a vacant position listed on the Job Postings section of the Student Employment webpage. Please complete the Department Information and Student Employee Information sections and give form to student to personally present to the Student Employment Office staff located in Modular 7. The student must present this form to the Student Employment Office no more than three (3) business days after date signed by hiring supervisor.

DEPARTMENT INFORMATION

Semester:  □ Fall  □ Spring  □ Summer

Department:_________________________________________ Phone Ext:_____________________________________

Location:_________________________________________ Fax:_____________________________________________

Student Employee Supervisor:_________________________________________

E-mail Address:_________________________________________

STUDENT EMPLOYEE INFORMATION

Last Name:_________________________________________ First Name:_____________________________________

Student ID #:_______________________________ Cell Phone:_________________________________________

Student Employee Position Title:_________________________________________

Position Type:  □ FWS  Department Budget Code:_____________________________________

□ IWA (please attach approved Personnel Action Request Form)

□ GSP (please attach approved Personnel Action Request Form)

Supervisor’s Signature:_________________________________________ Date:_____________________________

To be Completed by Student Employment Office

________Personnel Action Request Form Approved
________Student Employment Application Complete
________Form I-9 Complete
________Student Employment Contract Signed
________Time Traks Entered Date:_____________________________
________Colleague Position Data Entered Date:_____________________________
________W-4 Form forwarded to Payroll Date:_____________________________
________Direct Deposit forwarded to Payroll Date:_____________________________
________Monthly Payroll Report Entry Date:_____________________________