

To Be Completed by Student Employee (Please print or type)

Student ID No. & Social Security No. \_\_\_\_\_ Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.) \_\_\_\_\_

Permanent Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

I certify that I am a/an: \_\_\_\_\_ U.S. Citizen or National \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Alien Authorized to Work in the U.S.

County of Legal Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Student Employee \_\_\_\_\_ Date \_\_\_\_\_

To Be Completed by Department

Title/Position: \_\_\_\_\_ New Appointment \_\_\_\_\_ Reappointment \_\_\_\_\_ Change (specify) \_\_\_\_\_

Job Description: \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

Department/Organization: \_\_\_\_\_ Stipend Eligibility \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Account Code: \_\_\_\_\_ Faculty Advisor/Supervisor Name: \_\_\_\_\_ Ext: \_\_\_\_\_

Schedule of Payments (Must be paid on scheduled Friday student pay dates)

\_\_\_\_\_ Biweekly \_\_\_\_\_ One-time payment on \_\_\_\_\_ Payment Schedule: \_\_\_\_\_

Enrollment Eligibility Form I-9	1 <sup>st</sup> payment of \$ _____ on _____
_____ Certified and attached	2 <sup>nd</sup> payment of \$ _____ on _____
_____ On file in Student Employment Office	3 <sup>rd</sup> payment of \$ _____ on _____
_____ On file at Graduate School	4 <sup>th</sup> payment of \$ _____ on _____
	5 <sup>th</sup> payment of \$ _____ on _____
	6 <sup>th</sup> payment of \$ _____ on _____
	7 <sup>th</sup> payment of \$ _____ on _____
	8 <sup>th</sup> payment of \$ _____ on _____

Total hours for project: \_\_\_\_\_ **OR** Hours worked per week: \_\_\_\_\_

Advisor/Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

VP/Department Head/Director (or designee) Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Home Code: \_\_\_\_\_ Zip+4: \_\_\_\_\_

This section is for Termination Only

---

Effective Termination Date

---

Department Signature

To Be Completed By Student Employment and Payroll Offices

\_\_\_\_\_ Rank Form I9 \_\_\_\_\_ attached \_\_\_\_\_ in file Approved Stipend \$ \_\_\_\_\_

\_\_\_\_\_ Credit Hrs. Comments: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Sum I \_\_\_\_\_ Sum II \_\_\_\_\_

CWSP on terminal: \_\_\_\_\_ yes \_\_\_\_\_ no X \_\_\_\_\_

Athletic Award: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ Signature, Student Employment Office