**PLEASE PRINT AND COMPLETE ALL FIELDS**

|  |
| --- |
| **First Name: Middle Initial:** |
| **Last Name: Suffix: (if applicable)** |
| **Social Security Number: Employee/Student ID #:** |
| **Gender: Date of Birth:** |
| **Hire Date:** |
| **Permanent Mailing Address**  **Street:** |
| **City: State: Zip Code:** |
| **E-mail Address:** |
| **Position:**  \_\_\_\_\_ Graduate Assistant \_\_\_\_\_ Student Assistant |
| **Signature: Date:** |

**A completed *Statement Concerning Your Employment in a Job Not Covered by Social Security Form* (SSA-1945) must accompany this form. It may be downloaded from http://www.uakron.edu/busfin/controller/payroll-forms.dot**