



NEW STUDENT EMPLOYEE INFORMATION FORM

STUDENT INFORMATION

Student Name _____ Empl ID _____

Working Title _____ Empl Record # _____

Department _____ Building _____

APPOINTMENT INFORMATION

Hire Date _____ Expected End Date _____

Approver Name _____ Empl ID _____

Back-up Approver Name _____ Empl ID _____

Hourly Wage _____

FUNDING INFORMATION

Fund (3 Digits)	Dept ID (6 Digits)	Program (1 Digit)	Distribution %

Work Study Eligible: Yes

No

APPROVER SIGNATURE

Name:

Signature:

Date:

HR Use: Processed By: _____ Date: _____