

# Employment Forms

Step-by-Step

# Student Assistantship Form: How-To

Student will complete their information. If an international student that has not worked in the U.S. before, they can leave the SSN information blank.

If international and/or has not worked on campus, must see Sr. Payroll Coordinator for additional hiring paperwork.

Select which type of appointment is appropriate. The Pay Scale column has the hourly rate based on what year the student is.

Enter the Professor's Name and Course. Unit/Dept/Source is Legacy account number student is charged to. Reference ACCTXWALK in SAP for correct Legacy account numbers.

Student can only be hired one semester at a time. A new form will need to be submitted for each semester.

Selected based on what year the student is, not what course level they are teaching. The salary is based on the Pay Scale above.

If the assistantship is funded by the UPO or GPO, the Department Authorization signature is Norm Blanchard (UPO) or Kathie Nolan (GPO). If funded directly by a research account or the department, it is signed by the department chair.

## SCHOOL OF MANAGEMENT STUDENT ASSISTANTSHIP FORM CURRICULUM SUPPORT or RESEARCH

STUDENT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 LOCAL ADDRESS: \_\_\_\_\_ BU ID#: U \_\_\_\_\_  
 CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 INTERNATIONAL STUDENT:  Yes  No - HAVE YOU WORKED ON CAMPUS BEFORE:  Yes  No\*\*

Type of Appointment (check one):	Pay Scale	
		Hourly Rate
<input type="checkbox"/> <b>Reader:</b> Undergraduate or graduate student employed as a course assistant whose duties include curriculum support and grading of student papers or exams.	<b>Reader</b>	
	I. Undergraduate	\$10.00
	II. Graduate	\$14.00
	III. Doctoral	\$14.00
<input type="checkbox"/> <b>Course Assistant:</b> A registered student whose duties include conducting discussions and section or labs, grading, assignments and exams, holding office hours and proctoring exams.	<b>Course Assistant</b>	
	I. Undergraduate	\$11.00
	II. Graduate	\$15.00
	III. Doctoral	\$15.00
<input type="checkbox"/> <b>Teaching Assistant:</b> A registered student who performs the duties of a Course Assistant and serves as an instructional apprentice under the supervision of a faculty member.	<b>Teaching Assistant</b>	
	I. Undergraduate	\$12.00
	II. Graduate	\$16.00
	III. Doctoral	\$20.00
<input type="checkbox"/> <b>Research Assistant:</b> A registered student who works with an individual faculty member on specific research project.	<b>Research Assistant</b>	
	I. Undergraduate	\$10.00-\$14.00
	II. Graduate	\$16.00-\$18.00
	III. Doctoral	\$20.00-\$22.00

ASSIGNMENT: DEPT/PROFESSOR: \_\_\_\_\_ COURSE NUMBER/SECTION: \_\_\_\_\_  
 UNIT: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ GRANT/SOURCE: \_\_\_\_\_

EMPLOYMENT DURATION:  
 Fall 2014  Spring 2015  Summer I 2015  Summer II 2015

STUDENT IS:  Undergraduate  Graduate  Doctoral

SALARY:  hourly \$ \_\_\_\_\_ per hour (Use scale above)  weekly \$ \_\_\_\_\_ per week

HOURS PER WEEK: \_\_\_\_\_ TOTAL COMPENSATION (only if paid weekly): \$ \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DEPT. AUTHORIZATION NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT. AUTHORIZATION SIGNATURE: \_\_\_\_\_

\*\*Student must speak with Sr. Payroll Coordinator in the SMG Dean's Office to complete additional new hire paperwork.

Date Received: \_\_\_\_\_ Input: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Job Number: \_\_\_\_\_

# Student Employment Form: How-To

Student will complete their information. If an international student that has not worked in the U.S. before, they can leave the SSN information blank.

If international and/or has not worked on campus, must see Sr. Payroll Coordinator for additional hiring paperwork.

If new hire, please confirm if student has worked on campus before.

If work-study, it must include the Work-Study Job # provided by Student Employment. The student must have Work-Study Award. If not using an award, select "Student Employment". Job Grade/Job Code is based on the **Job Classification Guide (Link)**. Employment Duration is based on a Monday-Sunday date. The dates cannot be before the formal start/end dates of the semester according to the University Academic Calendar. A student can be hired for the entire academic year.

Select a pay rate based on the **Job Classification Guide (link)**. The Unit/Dept/Source is the account billed for the student's hours. It is based on the 10-digit SAP account number.

The department chair will be the final signature. The primary and secondary supervisor will be listed to approve the student's hours on the Student Payroll website.

## SCHOOL OF MANAGEMENT STUDENT EMPLOYMENT/WORK STUDY FORM

**STUDENT NAME:** \_\_\_\_\_ **SS#:** \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
**LOCAL ADDRESS:** \_\_\_\_\_ **BU ID#:** U \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**INTERNATIONAL STUDENT:**  Yes  No - **HAVE YOU WORKED ON CAMPUS BEFORE:**  Yes  No\*\*

**ACTION:**  New Hire\*\*  Rehire

**TYPE OF EMPLOYMENT (Check One):**

- Work Study Work-study job #: \_\_\_\_\_  
 Student Employment  
 Quickie Job

**GRADE:** \_\_\_\_\_ **JOB CODE:** \_\_\_\_\_

**EMPLOYMENT DURATION:** MM/DD/YYYY TO MM/DD/YYYY

**PAY RATE:** \$ \_\_\_\_\_ per hour **ESTIMATED HOURS PER WEEK:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_ **OBJECT CODE:** 0908 **GRANT/SOURCE:** \_\_\_\_\_

**CHECK DESTINATION MAIL CODE:** \_\_\_\_\_

**PRINT PRIMARY SUPERVISOR'S NAME:** \_\_\_\_\_

**PRIMARY SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECONDARY SUPERVISOR'S NAME:** \_\_\_\_\_

**DEPT'S AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Signature required)

**Return completed form to:** SMG Administration Office  
595 Comm. Ave, 504D

\*\*Please note this form must be completed along with an I-9 and W-4 form if the student has not worked on campus before.

**\*For Office Use Only\***

**Date Received:** \_\_\_\_\_  
**Input:** \_\_\_\_\_  
**Approved:** \_\_\_\_\_  
**Job Number:** \_\_\_\_\_

# Temporary Employment Form: How-To

Employee will input all necessary information. All fields must be completed.

Select "Yes", if the employee has worked for the University before. If they have please list the school and department. If was previously employed as a student at the University, please select "No".

All fields must be completed. List the department employee will be hired into. The SAP account information is what will be charged for their hours. For employment duration, note that it can take up to a month to hire the employee so please submit the form with as much advance notice as possible.

Please complete all fields.

Input the employee's direct supervisor and the Department Chair will sign off as the final signature.

A memo further detailing the employee's responsibilities is required along with their resume. The employee will receive an email from the central HR office to complete their I-9 and W-4.

## SCHOOL OF MANAGEMENT TEMPORARY EMPLOYEE NEW HIRE FORM

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ BU ID#: U \_\_\_\_\_  
 CITY: \_\_\_\_\_ D.O.B MM/DD/YYYY \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HAS THIS PERSON PREVIOUSLY WORKED FOR BU BEFORE?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_  
 ACCOUNT /COST CENTER (SAP) \_\_\_\_\_ PAY RATE: \$ \_\_\_\_\_ per hour  
 EMPLOYMENT DURATION\*: \_MM/DD/YYYY TO \_MM/DD/YYYY HOURS PER WEEK: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_  
 BRIEF DESCRIPTION OF JOB FUNCTIONS: \_\_\_\_\_  
 \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ Tel #: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DEPT'S AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Signature required)

**JUSTIFICATION:**  
 Please attach justification for casual employment and résumé

**Dean's Office authorization is required prior to employment along with an Employment Eligibility (I-9) and Federal Tax Withholdings form (W-4).**

Return completed form to: SMG Administration Office 595 Comm. Ave  
 Rm. 504B Phone (617) 353-9787

*For official use only*

DEAN'S OFFICE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ORG UNIT: \_\_\_\_\_ POSITION ID: \_\_\_\_\_