Employment Forms

HOW TO COMPLETE FORMS
Student Assistantship Form: How-To

Student will complete all fields. If they have not worked on campus before, have them send me an email to schedule a time to meet. I will pass along necessary information for additional paperwork.

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

Complete all fields. The course number/section is only left blank if hiring an RA. The Account/Cost Center is the 10 digit SAP number.

Students are hired one semester at a time (unless an RA). If employment does not fit semester dates, select Other.

Primary supervisor signs. If the position is funded by the TA budget, the Department Authorization is Norm Blanchard. If funded directly by a research account or the department, it is signed by the department chair.
Student Employment Form: How-To

Student completes. If they have not worked on campus before, have them send the Payroll Administrator an email to schedule a time to meet. They will pass along necessary information for additional paperwork.

Select the appropriate fields. Students are not automatically hired into a work-study position so please be sure to ask if they were given an award. Their award is intended to last the full academic year.

Paperwork should be submitted before the student's first day. The department determines the appropriate pay rate based on experience and responsibilities. The Account/Cost Center is the 10 digits SAP number. If not working the traditional semester dates, select "Other" and list dates.

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.
Employee will input all necessary information. All fields must be completed to be hired into the system.

Select “Yes” if the employee has worked for the University. If they have please list the school and department. If previously employed as a student at the University, please select “No” but provide the BUID.

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 person responsible for making final budget decision on the account signs 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.

**QUESTROM SCHOOL OF BUSINESS**
**TEMPORARY EMPLOYEE NEW HIRE FORM**

| NAME: ___________________________ | SS#: _______—_______ |
| ADDRESS: ___________________________ | BUID#: _______ |
| 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 memo for temporary 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) Please allow for 30 days to process paperwork.*

**Return completed form to:**  Questrom’s Office of the Dean
595 Comm. Ave, Rm 504D
T: (617) 353-9787

**For official use only**

**DEAN’S OFFICE SIGNATURE: ___________________________**  **DATE: _______**

**ORG UNIT: ___________________________**  **POSITION ID: ___________________________**