

# Questrom School of Business

## STUDENT EMPLOYMENT/WORK STUDY FORM

Note: ALL sections of this form must be completed. Incomplete forms will be returned.

### EMPLOYEE PERSONAL INFORMATION

ARE YOU:      Undergraduate    Graduate    Doctoral

WORK AUTHORIZATION STATUS:    U.S. Citizen/Permanent Resident  
    Visa - Country of Citizenship: \_\_\_\_\_

WORKED ON CAMPUS BEFORE?    Yes    No\*\*  
   \*\*Please contact the Sr. Payroll Coordinator for additional hire paperwork

\_\_\_\_\_

Last Name

First Name

BUID

\_\_\_\_\_

Local Address

City

State

Zip Code

\_\_\_\_\_

Email

Phone Number

### WORK ASSIGNMENT

New Hire    Rehire

Type of Work:    **Departmental:** 100% of student's salary is paid by the department  
   Grade: \_\_\_\_\_  
   Job Code: \_\_\_\_\_

**Work-study:** an award granted through a student's Financial Aid package by the Federal Work-Study Program  
   Job #: \_\_\_\_\_

**One-Time Payment:** a student hired for a specific job lasting no longer than a week (ex: musician)  
   \*\*\*Please Note: international students cannot be hired as a one-time payment

Total Compensation:     \$ \_\_\_\_\_

Type of Work Completed: \_\_\_\_\_

\_\_\_\_\_

Department

Approx. Hours Per Week

\$ \_\_\_\_\_  
 Pay Rate

Account/Cost Center

Employment Duration:

Fall 2016                     Spring 2017                     Summer I 2017                     Summer II 2017                     Other (if dates do not align with semester)  
 (9/5/16 – 1/15/17)            (1/16/17 – 5/21/17)            (5/22/17 – 6/25/17)            (6/26/17 – 9/3/17)            (Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_)

### AUTHORIZATION

\_\_\_\_\_

Primary Supervisor's Name (print)

Primary Supervisor's Signature

Date

\_\_\_\_\_

Secondary Supervisor's Name (print)

\_\_\_\_\_

Department Authorization Signature

Date

*(for internal use only)*

Unit: \_\_\_\_\_ Dept: \_\_\_\_\_ Source: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Input: \_\_\_\_\_

Approved: \_\_\_\_\_ Job Number: \_\_\_\_\_