

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

**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: \_\_\_\_\_

Student's First Day of Work	Approx. Hours Per Week	\$ _____ Pay Rate*
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Department	Account/Cost Center
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**Employment Duration:**

<input type="checkbox"/> Other (if dates do not align with semester) (Start Date: _____ End Date: _____)	<input type="checkbox"/> Fall 2018 (9/3/18 – 1/20/19)	<input type="checkbox"/> Spring 2019 (1/21/19 – 5/19/19)	<input type="checkbox"/> Summer I 2019 (5/20/19 – 6/23/19)	<input type="checkbox"/> Summer II 2019 (6/24/19 – 9/1/19)
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**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: \_\_\_\_\_