Questrom School of Business

STUDENT EMPLOYMENT/WORK STUDY FORM

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

Please submit in PDF format.

EMPLOYEE PERSONAL INFORMATION

ARE YOU: ☐ Undergraduate ☐ Graduate ☐ Doctoral

WORK AUTHORIZATION STATUS: ☐ U.S. Citizen/Permanent Resident

☐ Visa - Country of Citzenship: _____

WORKED ON CAMPUS BEFORE? ☐ Yes ☐ No**

**Please contact the Payroll Administrator 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 specifc 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**

Department | **Account/Cost Center**

Employment Duration:

☐ Other (if dates do not align with semester) (Start Date: _____ End Date: _____)

☐ Fall 2020 (8/31/20 – 1/17/21)

☐ Spring 2021 (1/18/21– 5/16/21)

☐ Summer I 2021 (5/17/21 – 6/20/21)

☐ Summer II 2021 (6/21/21 – 8/29/21)

AUTHORIZATION

Primary Supervisor's Name (print) | **Primary Supervisor's Signature** | **Date**

Seconday Supervisor's Name (print)

Department Authorization Signature | **Date**

(for internal use only)

Unit: _____ *Dept:* _____ *Source:* _____

Mail Code: _____ *Date Input:* _____

Approved: _____ *Job Number:* _____

☐ *Second Supervisor*