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 2022 (8/29/22 – 1/15/23)

☐ Spring 2023 (1/16/23– 5/21/23)

☐ Summer I 2023 (5/22/23 – 6/18/23)

☐ Summer II 2023 (6/19/23 – 8/27/23)

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*