Questrom School of Business

Temporary Employee Hiring Form

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

Please submit in PDF format.

EMPLOYEE PERSONAL INFORMATION (to be completed by Employee)

Last Name _____ First Name _____ Date of Birth _____

Address _____ Phone Number _____

Social Security Number _____ Personal (Non-BU) Email _____ Gender _____

Work Authorization Status:

- ◯ US Citizen/ Permanent Resident
- ◯ International Citizen

Prior Affiliation with BU (check all):

- ☐ Student
- ☐ Staff
- ☐ Faculty

BUID (if applicable) _____

If prior affiliation, where? _____ when? _____

WORK ASSIGNMENT (to be completed by Supervisor)

Department Name _____ SAP Account Number _____

Position Title _____

- ◯ Hourly
- ◯ Salary

$_____ Pay Rate

_____ Estimated Hours/Week

Appointment Period:

_____ Start Date

_____ End Date

INCLUDE EMPLOYEE'S RESUME WHEN SUBMITTING HIRE FORM

Supervisor Name: _____

Primary Supervisor Signature: _____ Date: _____

Department Authorization Signature: _____ Date: _____