
QUESTROM SCHOOL OF BUSINESS
TEMPORARY EMPLOYEE NEW HIRE FORM

NAME: _____ SS#: _____
ADDRESS: _____ D.O.B *MM/DD/YYYY* _____
CITY: _____
STATE: _____ ZIP CODE: _____ PHONE: _____ EMAIL: _____

HAS THIS PERSON PREVIOUSLY WORKED AS A BU STAFF/FACULTY BEFORE? If yes, Yes No
Where? _____ When? _____ BUID: _____

DEPARTMENT NAME: _____
ACCOUNT /COST CENTER (SAP): _____ PAY RATE: \$ _____ per hour
EMPLOYMENT DURATION*: *_MM/DD/YYYY_TO _MM/DD/YYYY* HOURS PER WEEK: _____

POSITION TITLE: _____
BRIEF DESCRIPTION OF JOB FUNCTIONS: _____

SUPERVISOR'S NAME: _____ Tel #: _____ DATE: _____
DEPT'S AUTHORIZED SIGNATURE: _____ DATE: _____
(Signature required)

JUSTIFICATION:
Please attach memo for temporary employment and résumé

***Dean's Office authorization is required prior to employment along with an Employment Eligibility (I-9) and Federal Tax Withholdings form (W-4) Please allow for 30 days to process paperwork.**

Return completed form to: Questrom's Office of the Dean
595 Comm. Ave, Rm 504D
T: (617) 353-9787

For official use only

DEAN'S OFFICE SIGNATURE: _____ DATE: _____

ORG UNIT: _____ POSITION ID: _____