

# STUDENT APPOINTMENT FORM



This completed form **MUST** be received in the Student Payroll Office, 508 Maytum Hall, before a student can be activated on the Student Assistant Payroll. (You may want to send it with the student when they come to complete their employment forms). It must be received by the **PAPERWORK DEADLINE** listed on the Payroll Schedule to enable the student to be paid during the current pay period. Please **PRINT** legibly using black or blue ink.

## THIS SECTION TO BE COMPLETED BY THE STUDENT

Student's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Student's Local Address: \_\_\_\_\_

\_\_\_\_\_

Local Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Student's Permanent Home Address: (for W2 mailing) \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Gender:  Male  Female

SUNY Student I.D. # \_\_\_\_\_ (SUNY CARD ISO#)

Student Status -  Part Time (less than 12 credit hours)  Full Time (12 credit hours or more) If not, where enrolled? \_\_\_\_\_

Have you previously been on Student Assistant or College Work Study Payroll?  Yes  No

If "no" student **must** complete paperwork with Payroll Office before appointment is valid.

## THIS SECTION TO BE COMPLETED BY SUPERVISOR

Department Hiring: \_\_\_\_\_

Appointment Effective Date: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

(First date worked)

(Scheduled rates over maximum require VP approval below)

Appointment Duration:  Fall Only  Spring Only  Full AY  Summer

Account Number (with sub-account) to be Charged: \_\_\_\_\_ . \_\_\_\_\_

VP Approval (required only for hourly rates above max.) \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

### FOR OFFICE USE ONLY

PR # _____	TX _____
Act _____	DOB _____
Rec# _____	DD _____
DC _____	MD _____

**PLEASE PLACE A CHECK MARK NEXT TO THE APPROPRIATE DISTRIBUTION CODE ON THE REVERSE SIDE OF THIS FORM.**

*(ONLY ONE Distribution Code per student)*