

STUDENT APPOINTMENT FORM



This completed form **MUST** be received in the Student Payroll Office, Maytum Hall, along with any necessary new hire paperwork, before a student can be activated on Payroll.

THIS SECTION TO BE COMPLETED BY THE STUDENT

Please PRINT legibly using black or blue ink

Full Legal Name (First, Middle, Last): _____

**Legal Name should match as it appears on Social Security Card

Chosen/Preferred Name _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ (MM/DD/YY)

Students Local/Campus Address: _____

Phone Number: _____ - _____ - _____ E-Mail Address: _____

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

U.S. Citizen: Yes No If No, Country of Citizenship: _____

Primary Language spoken at home (Optional): _____

Disability: No, I don't have a Disability and have not had one in the past

Yes, I have a Disability, or have had one in the past

I don't wish to answer

THIS SECTION TO BE COMPLETED BY SUPERVISOR

Department Hiring: _____

Appointment Effective Date: ____/____/____ Hourly Rate: _____
(First Day of Work) (Scheduled rates over maximum require VP approval below)

Appointment Duration: (check **one**) Fall Only Spring Only Fall & Spring Summer

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

Supervisor's Name and Phone Number: _____

Supervisor's Signature: _____

VP Approval (If Required) _____

****You MUST notify Payroll if your Student Employee**

stops/no longer works for you

FOR OFFICE USE ONLY

DC _____ DD _____

Rec # _____

PR # _____ INT _____

THIS SECTION TO BE COMPLETED BY THE STUDENT

Please PRINT legibly using black or blue ink

Federal Gender: Male Female

(Federal requirements mandate the use of F(Female) or M(Male) categories when reporting on gender. Please choose which gender marker you would like to use for federal reporting purposes)

Gender Identity or: Male Female X (Inclusive of, but not limited to gender categories such as Non-Binary, Intersex, Genderfluid, and Genderqueer)

State Gender Do you identify as a member of the LGBTQI+ community: Yes No Choose not to disclose

Ethnicity: Hispanic? Yes No

If Asian: Select all that apply

Race: Select all that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian and other Pacific Islanders
- White

- Asian Indian
- Bangladeshi
- Burmese
- Chinese
- Filipino
- Japanese
- Korean
- Pakistani
- Thai
- Vietnamese
- Other Asian Group

If Pacific Islander: Select all that apply

- Guamanian and Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Island Group

Student Status: Part Time (less than 12 credit hours) Full Time (12 credit hours or more)

If not a student at Fredonia, where enrolled? _____

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

(If previous employment was with FSA, mark No)

If “No” student *must* complete paperwork with Payroll Office before appointment is valid. No payments will be made until this is complete.

A new Appointment form MUST be submitted when the following occurs:

Beginning of each Fall semester regardless of previous employment

Beginning of each Summer regardless of previous employment

Beginning of Spring semester if Fall only was marked on previous form

A confidentiality agreement must be attached to the Appointment form and signed by both Student and Supervisor



STUDENT EMPLOYEE
SECURITY RESPONSIBILITY AND CONFIDENTIALITY AGREEMENT

In accordance with the [Public Officers Law §74](#) Code of Ethics, information contained in the various electronic systems and physical files used by State University of New York at Fredonia (“Fredonia”) is confidential in nature and is only to be used in connection with official State business following the Fredonia Information Security Program. Access to the electronic or physical information is granted to selected offices with the understanding that the information and any reports generated from various systems will be accessible only to appropriate personnel for legitimate business purposes.

As an employee of Fredonia, I recognize that I may have access to or be required to handle certain information that is confidential, private, and proprietary for the performance of my duties.

I am aware that:

- Data should be accessed and made available only to authorized persons for State business by authorized departmental personnel following approved departmental procedures;
- Assigned functional capabilities (user codes, access to equipment, data or restricted areas, keys) are to be used **ONLY** to perform my assigned duties;
- Any breach of confidentiality or abuse of my position will result in dismissal from my job and possible judicial action.

I agree to follow all applicable policies and procedures with respect to confidentiality of records, equipment, user codes and general practices as outlined by my employer, and recognize that failure to do so will be grounds for disciplinary action by the Office of Student Conduct for violations of the Student Rights and Responsibilities (Code of Conduct). I have discussed this policy with my immediate supervisor.

_____	_____
Employee Printed Name	Date
_____	_____
Employee Signature	Date
_____	_____
Supervisor Printed Name	Date
_____	_____
Supervisor Signature	Date

This signed form should be forwarded to Payroll Services, Maytum Hall, with a copy retained in the employee’s hiring department personnel file.

Prepared by: Information Security Committee, Fredonia
Reviewed by: President’s Cabinet
Adopted on: 6/02/2004
Revision Date: 7/25/2018