

Students are not allowed to begin working until all paperwork is properly completed and turned into HR. You will be contacted if there is anything missing or incorrect and the pending paperwork will be placed in the HR pending file awaiting completion.

**OFF CAMPUS WORK STUDY EMPLOYEE**

**(SUPERVISORS MUST INITIAL NEXT TO THE NEEDED FORMS)**

**BEFORE AN AGENCY HIRES A MSCD STUDENT EMPLOYEE**

1. ELIGIBILITY AND NEED ASSESSMENT FOR FEDERAL WORK STUDY PROGRAM FORM \_\_\_\_\_
2. COLLEGE WORK STUDY – TERMS OF AGREEMENT (FOR THE CURRENT FISCAL YEAR: JULY 1 – JUNE 30) \_\_\_\_\_

**NEW EMPLOYEE**

3. STUDENT EMPLOYMENT FORM \_\_\_\_\_
4. STUDENT EMPLOYEE DATA SHEET \_\_\_\_\_
5. CONFIDENTIALITY AGREEMENT AND STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT \_\_\_\_\_
6. COPY OF REGISTRATION \_\_\_\_\_
7. AWARD LETTER FROM FINANCIAL AID OR COPY OF RPAAWRD BANNER SCREEN \_\_\_\_\_
8. EMPLOYEE NOTIFICATION OF WORKER’S COMPENSATION PROCEDURES \_\_\_\_\_
9. I-9 EMPLOYMENT ELIGIBILITY VERIFICATION AND VERIFICATION AFFIRMATION **(WITH COPY OF DOCUMENTS USED FOR CERTIFICATION ATTACHED)** \_\_\_\_\_
10. CURRENT YEAR’S W-4 \_\_\_\_\_
11. POSITION DESCRIPTION \_\_\_\_\_
12. DIRECT DEPOSIT FORM \_\_\_\_\_
13. COMPLETION OF THE SEXUAL HARRASSMENT TRAINING MODULE WITHIN 30 DAYS OF HIRE \_\_\_\_\_
14. COMPLETION OF THE DISABILITY AWARENESS TRAINING WITHIN 30 DAYS OF HIRE \_\_\_\_\_

**CONTINUING WORK STUDY EMPLOYEE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. AWARD LETTER FROM FINANCIAL AID OR COPY OF RPAAWRD BANNER SCREEN \_\_\_\_\_
3. LETTER OF REGISTRATION OR COPY OF SFAREGQ BANNER SCREEN SHOWING REGISTRATION \_\_\_\_\_

**STEP INCREASE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_

**LEVEL INCREASE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. POSITION DESCRIPTION (TO INDICATE NEW LEVEL OF RESPONSIBILITIES) \_\_\_\_\_
3. 2 LETTERS OF RECOMMENDATION \_\_\_\_\_
4. CURRENT PERFORMANCE EVALUATION OF AT LEAST AVERAGE OR ABOVE \_\_\_\_\_

**EXCEPTION TO THE 30 HOURS A WEEK RULE**

1. EXCEPTION REQUEST FORM \_\_\_\_\_

**OFFICE OF FINANCIAL AID FORMS**

**(MUST BE SUBMITTED TO THE OFFICE OF FINANCIAL AID TO SECURE AWARD FOR STUDENT)**

1. FALL/ SPRING (WK- 08, 09, 10) WORK STUDY REQUEST FORM \_\_\_\_\_
2. SUMMER WKSUM \_\_\_\_\_

USE OF THIS FORM: This appointment must comply with MSCD's student employment policies. All student employment forms are available on the MSCD HR Website. This form must always be accompanied by a class registration and work-study award if applicable. All required forms must be completed prior to the students' start date.

**I. TYPE OF EMPLOYMENT** (Indicate all that apply- One form may be used to set up two jobs at the beginning of the semester, i.e. Hourly and Work-Study. Indicate the two desired jobs in this section and the 2 FOAPs in Section IV leave the percentage sections blank.)

- On-Campus Employment       Work Study       SGA  
 Off-Campus Employment       Hourly/ Institutional Funds       Grant Funded

**II. EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_ Employee 900# \_\_\_\_\_  
(Last, First, Middle Initial)

<b>Enrollment Status</b>		<b>Enrolled at :</b>		<b>Is this the last semester before graduation?</b>	
<input type="checkbox"/> 6 or more credits	<input type="checkbox"/> Less than 6 credits	<input type="checkbox"/> MSCD	<input type="checkbox"/> UCD	<input type="checkbox"/> CCD	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student graduated	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Other			<input type="checkbox"/> Not sure.

**III. JOB/ POSITION DATA** (Indicate all that may apply; also attach a Student Position Description Form, for all new employees, transfers and level raises.)

**A. Action**

- New Hire       Continuing Employee/ Rehire       Step Increase       Split Assignment  
 FOAP Change       Job Transfer       Level Increase

**B. Job Information/ Compensation**

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Department \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Campus Box \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Job Level: \_\_\_\_\_ Step: \_\_\_\_\_ Earnings Limit: \$ \_\_\_\_\_

**IV. FUNDING (FOAP) WORK STUDY FUNDS: CWS: 401502 FWS: 400152 NNWS: 401533**

ON-CAMPUS FOAP	SECOND ON-CAMPUS FOAP (If needed)	FUNDING FOR OFF CAMPUS AGENCIES ONLY Insert Assigned Agency # in the Gray Box Below				
Fund: _____	Fund: _____	Fund	ORG	Account	Program	% of charged earnings.
ORG: _____	ORG: _____	400152	SFIN2	6191	1300	75% = FWS
Account: _____	Account: _____		SFIN2	6197	1300	25% = Agency
Program: _____	Program: _____	<b>If a work-study student is working in a grant funded department, 25% of their earnings must be paid from the grant. Please use the FOAP boxes to the left. ↩</b>				
Percent or activity code: _____ %	Percent or activity code: _____ %					

**VI. SIGNATURES**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*This employment contract is subject to termination by either party at any time and the employee shall be deemed at will. I hereby certify that I am a registered student and understand I am subject to immediate termination when I graduate or cease to be a registered student.\*\*\*\*

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Account Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Level V- VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HUMAN RESOURCE USE ONLY					
Date Received to HR	New Employee (6+ Credits)	All Employees	Hourly Employee	International	Banner Input
	<input type="checkbox"/> Data Sheet	<input type="checkbox"/> Registration	<input type="checkbox"/> PRWORA	<input type="checkbox"/> EEIS	<input type="checkbox"/> PEAEMPL
	<input type="checkbox"/> Confidentiality/Handbook	Credits -	<input type="checkbox"/> Check Semester GPA		WKS _____
	<input type="checkbox"/> I-9 Date _____	Term -	Hourly (6 credits or less)	Level Increase	HRL _____
	<input type="checkbox"/> W-4	<input type="checkbox"/> Work-Study Award	<input type="checkbox"/> SSA 1945 Form	<input type="checkbox"/> Position Desc.	INT _____
	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> CWS	<input type="checkbox"/> Enrolled in TIAA	<input type="checkbox"/> 2 Letters of Rec	OFF _____
	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> FWS		<input type="checkbox"/> Evaluation	Entered by _____
	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> NNWS			Date: _____
	<input type="checkbox"/> Disability Awareness		Paperwork Processed By: _____		