Brandeis University

New Hire/Rehire Form for Hourly Student Employees

For office use only Date: _____
Entered by: _____
Empl ID: _____ Position #: _____
Record #: _____ FWS Allotment: _____

Student:

Please complete this section using your name as it appears on your SSN card. You must sign this form.

Name: _____ ____ _____
first middle initial last

Gender: _____ Birth Date: _____ SSN: _____

Class Year: ☐ FR ☐ SO ☐ JR ☐ SR ☐ GR Expected Date of Graduation: _____ mo/yr

Mailbox (undergraduates): _____ Mailstop (graduate students): _____

Current US Home Address *[not a Brandeis address]*

Address 1: _____
Address 2: _____
Address 3: _____
City: _____
State: _____ Zip: _____
Local/Campus Phone _____

Foreign Address *[required if non-resident alien]*

Address 1: _____
Address 2: _____
Address 3: _____
City: _____
Country: _____
Postal Code: _____

Citizenship Status: ◯ U.S. Citizen ◯ Foreign ◯ Permanent Resident Ethnic Group: _____

Visa Type: _____ Visa Expiration Date: _____ ☐ Alien Registration Receipt Card (Green Card)

Country of Established Residence: _____

Non-resident aliens should contact the Payroll Office for supplemental forms.

Supervisor: <u>These sections MUST be completed in full.</u>

Action: ☐ Hire ☐ Re-hire | **Job Term:** ☐ Academic Year ☐ Summer | **Job Level (circle one): 1 2 3 4 5 6**

Hiring Department Name: _____

Job Title: _____ **Job Start Date :** _____

Job ID: _____ **Hourly Rate:** _____

Home DeptID: _____ **00**

Position Funding

Account (4)	Fund (2)	DeptID* (5)	Program (5)	Project/Grant (6,9)	%
6184					100

For Students & Supervisors:

I hereby certify that I have reviewed the *Brandeis University Student Employment Handbook found at;* ***(http://www.brandeis.edu/offices/sfs/employment.html)*** and agree to abide by all of the conditions, policies and procedures contained therein. ***For Supervisors:*** I also certify that this position was posted through Student Financial Services for at least five days and that I have personally seen the Employment Eligibility card prior to hiring the above student. **All wage rates must be approved by Student Financial Services. All students must have a valid Social Security number prior to starting work.**

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED.

Student's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Supervisor's name (**print**): _____ ext: 6-_____

Please return this form in person to the Office of Student Financial Services, Usdan Student Center

*** Supervisors: Retain a copy of this form for your records & give a copy to the student***