



**TO BE COMPLETED BY SUPERVISOR & RETURNED TO HUMAN RESOURCES**

Summer Position Employee Hired For: \_\_\_\_\_

Department: \_\_\_\_\_ Account Number: \_\_\_\_\_

Student (Employee) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employment Begins: \_\_\_\_\_ Date Employment Ends: \_\_\_\_\_

Total Number of Weeks: \_\_\_\_\_ Total Hours Per Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Does student employee require On-Campus Room and Board? Yes\_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_

If yes, will the department subsidize this expense? Yes\_\_\_\_ No\_\_\_\_

NOTE: For housing arrangements, summer employees must contact the Office of Residential Life at extension 4501.

Name of Supervisor: \_\_\_\_\_

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

**TO BE COMPLETED BY PAYROLL OFFICE**

Federal W-4 Form Completed: \_\_\_\_ NYS Withholding Form Completed: \_\_\_\_ I-9 Completed: \_\_\_\_

DOL WTPA Form Completed: \_\_\_\_ Working Papers on File: Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_

PFL Waiver Completed: \_\_\_\_

Did employee provide emergency contact information (Next of Kin)? \_\_\_\_\_

Total Number of weeks authorized to work: \_\_\_\_\_ Amount of hours per week: \_\_\_\_\_

Is employee requesting on-campus room and board? Yes\_\_\_\_ No\_\_\_\_

If department is not subsidizing on-campus room and board, has employee signed salary reduction form for this charge? Yes\_\_\_\_ No\_\_\_\_