

# Western Connecticut State University Student Employee Appointment Form

## Hiring Department Section

Department: \_\_\_\_\_ Core-CT Position #: \_\_\_\_\_

Department Head: \_\_\_\_\_ WCSU E-Mail Address: \_\_\_\_\_

Primary Supervisor's Name: \_\_\_\_\_ WCSU E-Mail Address: \_\_\_\_\_

Secondary Supervisor's Name: \_\_\_\_\_ WCSU E-Mail Address: \_\_\_\_\_

Student's Status: (check one) \_\_\_\_\_ New WCSU Student Employee \_\_\_\_\_ Returning Student Employee

Banner ID # (8 Digits): \_\_\_\_\_ International Student: (Check One) \_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name: \_\_\_\_\_  
Last First MI

Student's Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Employment Term (Check One) \_\_\_\_\_ Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Student's WCSU E-Mail Address \_\_\_\_\_@connect.wcsu.edu  
(Email address is required in order for the Student Employee to be paid)

Suggested Hourly Rate \$ \_\_\_\_\_

Department Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## Financial Aid Department Section

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Verify Hourly Rate\* \$ \_\_\_\_\_ (\*Make sure that this rate is in accordance with the CSU Board of Trustees Policies.  
(\*State reason if different from rate suggested by department.)

Student Employment Type (check one) \_\_\_\_\_ Student Worker \_\_\_\_\_ Work Study \_\_\_\_\_ Work Study (CACS)  
\_\_\_\_\_ Matriculated (# of Credits) \_\_\_\_\_ Secondary Job \_\_\_\_\_ TPS Entered

Core-CT Position # \_\_\_\_\_ Z Index \_\_\_\_\_

Financial Aid Department Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## Human Resources Department Section

Record # \_\_\_\_\_ Employee ID \_\_\_\_\_

FICA Status: \_\_\_\_\_ Exempt (Academic Year)  
\_\_\_\_\_ Subject (Summer Only) \_\_\_\_\_ Exempt (Summer – 6SH or More) \_\_\_\_\_ Exempt (International Student)

Check Once Completed: \_\_\_\_\_ I-9 Form \_\_\_\_\_ CT W-4 \_\_\_\_\_ W-4 \_\_\_\_\_ New Hire Data Sheet \_\_\_\_\_ Entered in Core

Human Resources Department Approval Signature \_\_\_\_\_ Date \_\_\_\_\_