STUDENT EMPLOYEE APPOINTMENT FORM



Departments: To initiate the hiring process, please complete the first section of this form. Forms must be signed using a Digital Signature. After digitally signing, save it as a PDF, then email to **herediaa@wcsu.edu** until further notice.

For assistance in creating a digital signature, visit helpx.adobe.com/acrobat/using/digital-ids.html.

HIRING DEPARTMENT INFORMATION	* If funding is from an external source other than the hiring
Department Name:	department, approval of this funding must be attached.
Core-CT Time Reporter Group:	Core-CT Position Number*
Dept. Approver:	Dept. Approver (Alternate):
Employee Status: (check all that apply) D New (Must com	nplete forms in HR)
Banner ID: Student Name:	
	Last First
Student WCSU Email:	@wcsu.edu Must use WCSU Email for Core-CT
Employment Term: (<i>check one</i>) CAcademic Year	□ Fall Only □ Spring Only □ Summer
Suggested Hourly Rate: \$ Note: Minimum rate is \$11.00 Please enter dollar amount (Effective 09/01/2020, minimum rate will increase to \$12.00)	Desired Starting Date:
Will your student employee have access to or handle any of the following data: SSNs, Bank Account or Debit Card	
Information, Credit Card Numbers & Card Holder Information	mation or Student Loan Data? Yes No
Department Supervisor Signature:	Date:
FINANCIAL AID & STUDENT EMPLOYMENT	
Core-CT Position Number:	□ Work Study □ Graduating*
	── Must end by June 30 ulated Credit Hours: □ Eligible for Summer
Pay Period Start Date:	Pay Period End Date:
FASE Approval Signature:	Date:
HUMAN RESOURCES DEPARTMENT	
Record Number:	Employee ID:
FICA Status: Exempt (Academic Year)	
□ Subject (Summer Only) □ Exe	empt (Summer – 6 cr. or more)
Check Once Completed: Entered in Core Em	ailed Log-in Credentials to Student Employee & Supervisor
Human Resources Approval Signature:	Date: