

STUDENT EMPLOYMENT FORM

TEACHING ASSISTANT RESEARCH ASSISTANT

NEW APPOINTMENT ADDITIONAL APPOINTMENT
 Tax Forms Attached I-9 Form Attached Forms on File

PERSONAL INFORMATION

Social Security Number		NAME (Last, First, MI)		Phone:
Mailing Address			City	State
			ZIP	E-mail:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Race – select ALL that apply <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander		US Citizen? If No, attach Alien Information Request <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Registered UC Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student I.D. No.	Expected to register next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Dept Name:	

APPOINTMENT INFORMATION

University Address		Room No. Box	Office Phone	Check Delivery Code
Job Code: <input type="checkbox"/> Teaching Asst (BW) – 7941-98 <input type="checkbox"/> Research Asst Type A (BW) – 7318-98 <input type="checkbox"/> Teaching Asst (MO) – 7941-99 <input type="checkbox"/> Research Asst Type A (MO) – 7318-99 <input type="checkbox"/> Preceptor (MO) – 7215-00 <input type="checkbox"/> Research Asst Type B (MO) – 7319-00				Appointing Department Number
				Appointing Department Name
Appt Begin	Appt End	Rate: (If BW or Mo Temp Appt) Amount: (If Term Appt)	Hrs/Wk	<input type="checkbox"/> Temporary <input type="checkbox"/> Term Appt
Grant Eligibility? <input type="checkbox"/> Y <input type="checkbox"/> N For the Dean of Student Office				
Note: If your department is currently using <i>UChicago Time</i> it is important that you provide the following approver information in order for the employee's record to be correctly updated in the payroll system and <i>UChicago Time</i> . Visit whoami.uchicago.edu to obtain ChicagoIDs. If your unit does not use <i>UChicago Time</i> the following fields do not need to be completed.				
Primary Approver Name		Primary Approver ChicagoID	Secondary Approver Name	Secondary Approver ChicagoID

DISTRUBITON INFORMATION

Account No.	Earn	Amount	Percent	Start	End
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BRIEF DESCRIPTION OF DUTIES: _____

RA'S (TYPE B):

Grant/Contract _____ Agency _____ Faculty Sponsor _____

TA's:

Dept. where student will perform: _____ Faculty Instructor _____
 Course Title _____ Course No. _____

APPROVALS

College Contact _____ Phone _____	Authorized Signer 1 _____ Date _____
Department Unit Contact _____ Phone _____	Authorized Signer 2 _____ Date _____
Dean of Students _____ Date _____	HRS Processed By _____ Date _____