

## STUDENT EMPLOYMENT FORM

TAX FORMS ATTACHED

### PERSONAL INFORMATION

Social Security Number	Name	Last	First	MI
Mailing Address/City		State	ZIP Code	Phone Number
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date		Race – select ALL that apply <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic of Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Currently Registered UC Student? <input type="checkbox"/> Yes(R) <input type="checkbox"/> No(U)	Student ID Number	US Citizen? If no, attach Alien Information Request <input type="checkbox"/> Yes <input type="checkbox"/> No		

### ASSIGNMENT INFORMATION

University Address/Room Number		Work Phone No.		Check Delivery Code	
Job Code	Job Title		Department No.	Department Name	
Req No	Assign Begin	Assign End	Rate/Amount		Step
Hrs/Wk	BW/MO <input type="checkbox"/> B1 <input type="checkbox"/> M1	R/T/C = T <input type="checkbox"/> Term Appt.	Shift	Shift Hrs.	Clock Location
<small><b>Note:</b> 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 <a href="http://whoami.uchicago.edu">whoami.uchicago.edu</a> to obtain ChicagoIDs. If your unit does not use <i>UChicago Time</i> the following fields do not need to be completed.</small>					
Primary Approver Name		Primary Approver ChicagoID		Secondary Approver Name	
				Secondary Approver ChicagoID	

### DISTRIBUTION INFORMATION

No.	ACCOUNT NUMBER	EARN	PERCENT	AMOUNT(Term Appt. only)	START	END
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____

### APPROVALS

Department Contact Re This Form:	Phone	Dean/Division	Date
Department	Date	HRS Processed by	Date