



BI-WEEKLY EMPLOYEE HIRING FORM

Name (Last, First, Middle): _____

Work Location (Building): _____

Cell Phone: (_____) _____

E-mail Address (other than CSC): _____ @ _____

Student Non-Student

Student Employee/Part-Time Title: _____

Personnel Number: _____ Start Date: _____

Position Number: _____ Cost Center or WBS: _____

Rate of Pay/Hour: \$ _____ Projected Hours/Week: _____ Department: _____

Complete the following checklist in regards to the student/part-time employee's duties, this information will assist the HR/Payroll office in determining if a background/DMV check is necessary:

- | | |
|--|--|
| <input type="checkbox"/> CSC Child Development Center | <input type="checkbox"/> NPAC Staff |
| <input type="checkbox"/> Athletic or Academic camp | <input type="checkbox"/> Coaching Assistant |
| <input type="checkbox"/> Event involving minor children (under 19) | <input type="checkbox"/> Housing and Residence life |
| <input type="checkbox"/> Access to money or financial information | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Access to campus master keys | <input type="checkbox"/> Security |
| <input type="checkbox"/> Access to confidential student/employee information | <input type="checkbox"/> Student Activity Center/ PIT |
| <input type="checkbox"/> Athletic staff position | <input type="checkbox"/> Other (Please indicate below) |

Work Study **Other:** _____

Typed/Printed Name of Time Approver: _____

Typed/Printed Name of Authorized Budget Supervisor: _____

Supervisor's Signature: _____ Date: _____

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Info Sheet | <input type="checkbox"/> Background (mark if needed) | <input type="checkbox"/> I-9 with IDs | <input type="checkbox"/> W-4 |
| <input type="checkbox"/> Direct Deposit w/check | <input type="checkbox"/> Signed Drug Free | <input type="checkbox"/> SWA | <input type="checkbox"/> Employment Application |