



**STUDENT ASSISTANT EMPLOYMENT FORM
2015-16**

DATE: _____

Supervisor: Please give the following information for each student assistant. You may want to copy this sheet. Send the original to: Linda Layne, Human Resources Department.

STUDENT INFORMATION			
NAME (please print): _____	<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>
CAMPUS BOX #: _____	SOCIAL SECURITY #: _____		
STUDENT ID #: _____			
EMAIL: _____		PHONE # _____	

SUPERVISOR (please print): _____ **OFFICE EXT:** _____

DEPT ACCOUNT # 10 - _____ - _____ - _____

PAY RATE PER HOUR \$ _____ **APPROXIMATE # HOURS PER WEEK** _____

PAY SCALE (Please circle year of service for this position)

Years of Service in the same position	Level I	Level II or special hours/skills
1 st year in this job	\$7.25	\$7.50
2 nd year in this job	\$7.50	\$7.75
3 rd year in this job	\$7.75	\$8.00
4 th year in this job	\$8.00	\$8.25

IDENTIFY SPECIAL SKILLS OR HOURS REQUIRED TO JUSTIFY LEVEL 2 or TECHNICIANS/WEB PAY RATE (Special hours are 10:00 PM to 1:00 AM, weekends or both) At least ½ of the schedule must fall into this category to qualify.) _____

Supervisor's Signature

Student's Signature

Print Supervisor's Name

- (Check one of the following.)
- United States Resident Student**
- Foreign Nonresident Student**
(Foreign students may have other paperwork requirements and should contact the Human Resources Department.)