

Federal regulations require this form to be processed before student begins working.

Date Received _____

SECTION I: Student Information

University ID Number _____ Name (Print): Last _____ First _____ Middle _____

Social Security Number _____ Date of Birth _____ Sex: M F _____ VISA Type & Country (International Students) _____

Permanent Home Address _____ City _____ State _____ Zip _____ (_____) _____
Home Phone

Current Local Address _____ City _____ State _____ Zip _____ (_____) _____
Local Phone

(_____) _____
Cell Phone Number _____ Wright State Email Address _____

I certify that the information on this form is true and accurate. I agree to abide by all rules and guidelines as published in the **Student Employment Manual** located at <http://career.wright.edu/student/studentemployment/manual/tableofcontents.html>.

Student Signature: _____ Date: _____

SECTION II: Employer Information

Job Location: Dayton Campus Lake Campus WSU Off Campus

<p>Department Name _____</p> <p>Room _____ Building _____ Phone Number _____</p> <p>Student Supervisor (Print Name) _____</p> <p>Are you the student's time sheet approver? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, list below)</p> <p>Student Time Sheet Approver (Print Name) _____</p> <p>Approver _____ Time Sheet Org _____ Are you a new supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job Title _____</p> <p>Position Number _____ <input type="checkbox"/> Regular (SR) <input type="checkbox"/> Work Study (SW)</p> <p>Job Class _____ Hourly Rate of Pay _____ Official Start Date _____</p> <p>Fund Number _____ Organization Number _____ Activity Code _____</p> <p>Please indicate the reason for the employment authorization:</p> <p><input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Promotion <input type="checkbox"/> Job Fair Hire</p>
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Was this position advertised through Career Services? Yes No

Did you confirm that the student meets the minimum credit hour requirement? Yes No

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Supervisor Signature _____ Date: _____

Supervisor Email Address _____

For office use only

New _____ Other _____ FWS _____ FWS amount \$ _____ Registration: Fall _____ Winter _____ Spring _____ Summer _____ Processed by _____

Job description on file _____ Job posted in CSO _____ Date loaded _____ Employee Class _____ W/S _____ By _____