



Name: _____ PSU ID: _____

E-mail: _____ Circle one: undergrad / grad / staff

Local/Cell Phone Number: _____ Office Phone Number: _____

Do you currently receive an assistantship and/or wage payroll from any other source? Yes No

If so: Where: _____ Hours per week: _____

Employee Signature _____ Date _____

SUPERVISOR: _____ Work Study Yes No

Start Date: _____ End Date: _____ # of wks: _____

Budget/Fund/Cost Center: _____

Rate of pay: \$ _____ or Grade equiv.: _____ Hours per week: _____ Total amount: \$ _____

Job Description:

Lab Access: _____

Supervisor's Signature _____ Date _____

Supervisor Name Printed: _____

Designated signee: _____

(For timecards, designated signee must be another faculty member or full time staff member with direct knowledge of employee's work schedule and responsibilities.)

Office Use:

Background check: _____ I-9: _____ E-verify: _____ Salary deposit: _____

W-4: _____ Wage Payroll Notice: _____ Intellectual Prop.: _____ Workers' Comp.: _____

Affirmative Action: _____ Employment Appl: _____ Alien Info: _____