

Full-Time Student Employee – Hire Form

(For St Cloud State University Internal Use Only)

Student Employee Name: _____

Student Employee Tech ID#: _____

Work Authorization Number: _____

Full-Time Begin Date: _____

Full-Time End Date: _____

Department Routing ID: _____

Supervisor: _____

Signature of Supervisor: _____

Date: _____

This form must be completed for each student hired to work a normal schedule of more than 30 hours per week. The department is responsible for completing this form at the time of hire and delivering it to the payroll office before the end of the first pay period. Please contact the payroll office if the circumstances of this student’s employment changes.

Note: If the student will only occasionally work more than 30 hours per week, it is not necessary to submit this form.

Submit to :
Payroll Office (308-6461)
124 Administrative Services.

The information collected on this form will be used by hiring departments, business services, and human resources to determine tax liability and to comply with United States tax laws and may be made available to other government officials as authorized by law.