HIRE / MAINTENANCE FORM
OFFICE OF STUDENT EMPLOYMENT
2019-2020

Federal regulations require that this form be processed before the student begins working and that the student completes the I-9 Form (Employment Eligibility Verification) with the Office of Student Employment within 3 business days of the hire date.

LAST NAME	FIRST NAME	SIS STUDENT ID#	NETWORK ID #

☐ New Campus Hire (requires employment packet)	☐ Continuous Campus Hire	Start Date: / /
		End Date: / /

☐ Undergraduate (1410/1450)	☐ Graduate (1420/1460)	☐ International (1410/1420)	Exp. Graduation Date: / /

ACADEMIC YEAR (8/26/19 - 5/7/20) **SUMMER ONLY (5/13/19 - 8/23/19)** **FALL ONLY (8/26/19 - 1/10/20)** **SPRING ONLY (1/13/20 - 5/7/20)**

I. CHECK ALL THAT APPLY:

☐ NEW HIRE: For first time employment position with hiring department (requires job description)
☐ ADDITIONAL HIRE: For any student that has more than one position (requires job description)
☐ REHIRE: Student is returning to previous department
☐ SUMMER HIRE: ☐ Registered 1/2 time in an 8-week course ☐ Not Registered ☐ International
☐ UGTA (Proof of training required): ☐ Course # _____ ☐ Grader ☐ Lab Tech ☐ Lab Assistant
☐ In-Class Assistant ☐ Recitation Leader

II. MAINTENANCE REQUESTED:

☐ Budget Change: For changes in OPR #
☐ Hourly Rate Change: ☐ Merit ☐ Promotion ☐ Adjustment
☐ Data Change: ☐ Change of Supervisor ☐ New Job Title/Code
☐ Termination: Student terminated for reasons other than the end of a term

III. POSITION INFORMATION: Attach a copy of the job description for new hires

PROGRAM: ☐ Federal Work-Study ☐ Campus Employment/Non Federal Work-Study
AWARD AMOUNT: $ _____ This award may be modified due to future changes in eligibility. (Confirmed by: _____)

Home Department OPR #	Job Code:	Hourly Rate: $
Supervisor's Name:		Emplid #:
Supervisor's Network ID#:		Phone #:
Person approving student's time:		Emplid #:
Supervisor's / Coordinator's Signature:		Date:
Verify that all employment forms have been submitted to the Office of Student Employment before beginning work. Students should return this form to their supervisor(s) with the "Student Employment Use Only" section completed.		

IV. STUDENT CERTIFICATION: Student must read and sign: I certify that the information provided is true and accurate. I understand that if I am employed as a student employee (Federal Work-Study or campus employment) at Case Western Reserve University, I must be enrolled at least half-time. If for any reason I withdraw during the academic year, I must inform my supervisor immediately. Employment will cease upon determined date of withdrawal. I agree to complete the required employment forms before beginning work; I understand I cannot work over 20 hours per week during an academic semester or 40 hours per week during winter/spring/summer breaks, and cannot work during my scheduled class times. I agree to abide by all rules and guidelines as published in the Student Handbook located at financialaid.case.edu.

STUDENT'S SIGNATURE: _____ **Date**: _____

Student Employment Use Only

Hiring process is complete? ❑ Yes ❑ No ❑ International student: must submit SS card by :
Student eligible to start? ❑ Yes ❑ No

❑ Academic Year 2019-2020 ❑ Summer 2019 Start Date: End Date:

EMPLOYMENT PACKET: ❑ I-9 complete with acceptable ID ❑ Withholding forms complete ❑ I-20/EAD expiration date
Verified By:

Processor's Initials: Date: Record # ❑ ACA ❑ SSN

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