



LAST NAME		LEGAL FIRST NAME		SIS STUDENT ID#				NETWORK ID #	
<input type="checkbox"/> New Campus Hire (requires employment packet)		<input type="checkbox"/> Continuous Campus Hire		Available Start Date: ____/____/____				Actual Start Date (date eligible to begin working *): ____/____/____	
				End Date: ____/____/____					
<input type="checkbox"/> Undergraduate (1410)		<input type="checkbox"/> Graduate (1420)		<input type="checkbox"/> International				<input type="checkbox"/> Remote Employment (not outside Ohio)	

I. CHECK ALL THAT APPLY:

- ACADEMIC YEAR (08/26/24 - 05/08/25)      FALL ONLY (08/26/24 - 12/18/24)      SPRING ONLY (01/13/25 - 05/08/25)
- NEW HIRE: For first time employment position with hiring department (requires job description)
- ADDITIONAL HIRE:     Campus Position     Department Position (requires job description)
- REHIRE: Student is returning to same department and same position.

\* Please note: All first time hires must complete the required Employment Packet by the date they commence work.

**First-time hires are not eligible to begin working until the Employment Packet is complete.**

II. 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:
Departments should submit the properly completed Hire Form and Job Description (when appropriate) to the Office of Student Employment via email at <a href="mailto:stu-emp@case.edu">stu-emp@case.edu</a> . We will notify the student for additional paperwork if required.		

III. 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 with the Office of Student Employment, 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](http://financialaid.case.edu).

STUDENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Student Employment Use Only			
Hiring process is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> International student: must submit SS card by :	
Student eligible to start?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Start Date: ____/____/____		End Date: ____/____/____	
EMPLOYMENT PACKET: <input type="checkbox"/> I-9 complete with acceptable ID <input type="checkbox"/> I-9 completed remotely <input type="checkbox"/> Withholding forms complete			
<input type="checkbox"/> I-20/EAD expiration date		Verified By: _____	Emailed: ____/____/____
Processor's Initials: _____	Date: _____	Record # _____	<input type="checkbox"/> SSN