



LAST NAME		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 (1450)	<input type="checkbox"/> Graduate (1460)	<input type="checkbox"/> International	<input type="checkbox"/> Remote Employment (not outside Ohio)				

**I. CHECK ALL THAT APPLY: Summer 2024: (05/13/24 - 08/24/24)**

- Registered half-time in an 8-week course     Not Registered
- 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 no later than the third business day from the hire date.

**First-time hires are not eligible to begin working until this process 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:	
Verify 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.		

**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 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: \_\_\_\_\_

<b>Student Employment Use Only</b>		
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