

LAST NAME	LEGAL FIRST NAME	SIS STUDENT ID#	NETWORK ID #								
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> </tr> </table>									
<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 stu-emp@case.edu. 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.

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"/> 1-9 complete with acceptable ID <input type="checkbox"/> 1-9 completed remotely <input type="checkbox"/> Withholding forms complete	
<input type="checkbox"/> 1-20/EAD expiration date	Verified By:                                   Emailed: / /
Processor's Initials:	Date:                                   Record # <input type="checkbox"/> SSN