# STUDENT EMPLOYMENT FORM

## SECTION 1 - COMPLETED BY STUDENT EMPLOYEE

<table>
<thead>
<tr>
<th>Undergrad</th>
<th>Quarter:</th>
<th>Autumn</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate</td>
<td>Number of Credits Enrolled:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are you currently employed elsewhere at UW?**  
- Yes  
- No  
If yes, where?

**Have you been awarded Work Study?**  
- Yes  
- No  
If yes, submit Award Verification Form

**Do you have a Social Security Number?**  
- Yes  
- No  
Do not write Social Security Number here

**If no SSN, you may not work until you have one;** contact the Center for International Education at  
- Husky Hall Room 1212; 425-352-3876 or www.uwb.edu/cie

<table>
<thead>
<tr>
<th>Citizenship:</th>
<th>U.S.</th>
<th>Permanent Resident</th>
<th>Foreign National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth:**

**Student Number:**

**UW E-mail Address:**

**Phone Number:**

I certify the information above is accurate. As a UW student hourly employee, I understand that I am limited to working no more than 19.5 hours/week (or no more than 19 hours for Work Study) when classes are in session.

**Employee Signature:**  
**Date:**

**NOTE TO EMPLOYEE:** You will receive multiple e-mails from Workday with important instructions. Complete these processes in Workday: Onboarding, Form I-9, Payment Election, Federal Withholding Election, Contact Information, Employee Contact and Personal Information.

## SECTION 2 - COMPLETED BY SUPERVISOR OR HIRING OFFICIAL

**Appointing Dept:**

**Cost Center (Budget):**

**Sup: (See tip sheet for more information)**

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
<th>Job Class Code:</th>
<th>Campus Box:</th>
</tr>
</thead>
</table>

**If your employee will be paid an hourly rate, please complete the following:**

**Hourly Rate:**

**Time and Absence (Timesheet) Approver Name:**

**If your student will be paid a one-time payment (fixed fee), please complete the following:**

**Student One-Time Payment Description of Work:**

**Service Period:**

**Amount:**

I understand that I must monitor my student hourly employee to ensure he or she does not work more than 19.5 hours/week (or no more than 19 hours for Work Study) when classes are in session.

**Supervisor Name (please print):**

**Supervisor Signature:**  
**Date:**

## SECTION 3 - COMPLETED BY UWB WORKDAY SUPPORT TEAM (WST)

**Date Received:**

**WST Initials and Date:**

**Employee ID:**

**Position Number:**

**Checklist:**  
- Welcome e-mail was sent to Student, Supervisor and I-9 Coordinator