



# UNIVERSITY of WASHINGTON | BOTHELL

## STUDENT EMPLOYMENT FORM

### SECTION 1 - COMPLETED BY STUDENT EMPLOYEE

**Undergrad**  **Quarter:** Autumn  Winter  Spring  Summer   
**Graduate**  **Number of Credits Enrolled:**

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](http://www.uwb.edu/cie)

**Citizenship:** U.S.  Permanent Resident  If Foreign National, I-20/EAC expiry date:

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Student Number:</b>	<b>UW NetID:</b>	<b>Phone Number:</b>

*By checking this box and printing my name, 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.*

**Date:**



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SECTION 2 - COMPLETED BY SUPERVISOR OR HIRING OFFICIAL

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

<b>Appointing Dept:</b>	<b>Cost Center (Budget):</b>	<b>Sup Org &amp; Time and Absence Approver:</b> (See
<b>Start Date:</b>	<b>End Date:</b>	<b>Campus Box:</b>
<b>Hourly Rate:</b>	<b>Job Class Code:</b>	<b>Business Title:</b>

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

<b>Student One-Time Payment Description of Work:</b>	<b>Service Period:</b>
	<b>Amount:</b>

I understand that I must monitor my student hourly employee to ensure they do 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):**

By checking this box and printing my name, I certify the information above is accurate.

**Date:**

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

<b>Date Received:</b>		<b>WST Initials and Date:</b>	
<b>Employee ID:</b>		<b>Position Number:</b>	

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