PLEASE PRINT ON **GREEN** PAPER LINE#:_____ PP#_____

STUDENT ASSISTANT AUTHORIZATION FORM SUNY ID:_____

☐ New Hire ☐ Renewal (Rehired)

Name:		Last 4 digits SSN:	

STUDENT STATUS	At least ½ time undergraduate
HOURLY SALARY RATE	
EFFECTIVE DATE	
END DATE	
SUNY CAMPUS	
DEPARTMENT	
SUPERVISOR	
NAME OF DEPT. ACCT. TO BE CHARGED	
DEPT. ACCT. # TO BE CHARGED	

Assignment Schedule

DAYS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Daily Total							
Total Hrs/Week							

AUTHORIZATION SIGNATURES

	Printed Name	Signature	
Director/Department Chair/Dean			Date:
Financial Aid			Date:
Area Vice President			Date:
Budget			Date:

THIS FORM MUST BE SIGNED AND ON FILE WITH HUMAN RESOURCES BEFORE EMPLOYMENT BEGINS.

****FOR PAYROLL/HUMAN RESOURCES USE ONLY****

Current NYS employee?	☐ **Yes** ☐ **No**	**If yes, where?**	
Previously employed by NYS?	☐ **Yes** ☐ **No**	**NYS Retiree?**	☐ **Yes** ☐ **No**
Member NYS Retirement?	☐ **Yes** ☐ **No**	**System & Membership #**	

I-9	SUNY HR PERSON	SUNY HR APPT	1040	Payroll	Benefits Eligible?	Time Records	Budget

STAMPING AREA

Revised 5/28/14