

STUDENT EMPLOYMENT APPOINTMENT FORM

Return all paperwork to Human Resources, 201 French Hall

To be completed by student

(Must be enrolled in SUNY classes during period of employment)

Rev 07/18

Name _____ US Social Security # _____ Date of Birth ____/____/____

(First, Middle Initial, Last ** (Must Match Social Security Card))

US Citizen? Yes _____ No _____ If no, Country of Citizenship _____

Legal Home Address (not PO Box) _____
(Number, Street, APT#) (Town) (State) (Zip Code)

Other Address (PO Box or other) _____
(Number, Street, APT#) (Town) (State) (Zip Code)

Phone Number _____ Campus Email _____

Gender Identification: M _____ F _____

Race: American Indian or Alaska Native _____ Asian _____ Black or African

Hispanic: Yes _____ No _____

American _____ Native Hawaiian & other Pacific Islander _____ White _____

Highest **Completed** Level of Education: High School _____ AA _____ AS _____ BA _____ MA _____ MS _____
 Name of College _____ Date of Graduation _____

Veteran Status: Non Veteran _____ Active Military Duty _____ Active National Guard _____ Active Reserve _____ Active Duty or Campaign
 Badge Veteran _____ Armed Forces Service Medal Veteran _____ Disabled Veteran _____ Not a Protected Veteran _____ Other Protected
 Veteran _____ Special Disabled Veteran _____ Vietnam Era Veteran _____

New York State Employees' Retirement System (NYS ERS) - **Select one:**

_____ I am **currently** a member of New York State Employees' Retirement System

_____ I would like to **join** the New York State Employees' Retirement System (**Enroll through www.retirementatwork.org/suny**)

_____ I choose **NOT** to enroll at this time; I **understand that I am eligible to join** the New York State Employees' Retirement System.

Direct Deposit:

_____ I would like to enroll in direct deposit. (**Enrollment form is required and available in HR or visit Student Employment Webpage**)

_____ I was previously enrolled in direct deposit. (**Please contact HR for any account changes**)

_____ I do **NOT** want direct deposit

******* I certify these answers are correct to the best of my knowledge and ability.**

 (Student Signature)

 (Date)

Important campus policies as well as the Student Employment Handbook are available on the Student Employment web site:

<http://www.potsdam.edu/offices/hr/student.cfm>

To be completed by department

Account Nickname/Distinguishing Title: _____

Department: _____

Hourly Rate: \$ _____ Allocation: _____

Account #: _____

Minimum wage: \$10.40 12/28/2017-12/30/2018

Employment Dates: ____/____/____ - ____/____/____

\$11.10 12/31/2018-12/30/2019

 (Signature of department head/budget approval)

 (Approving Supervisor Signature)

 (Printed name)

 (Date)

 (Printed name)

PAYROLL USE ONLY

Award Amount \$ _____ Family Income Code _____

FICA Status: Exempt _____ Non-Exempt _____

HIR _____ CCH _____ REH _____ Active _____ EMPL# _____ PR# _____

W4 _____ IT-2104 _____ I-9 _____ Line # _____

SUNY ID _____ Personal Info _____ SUNY HR _____ Distribution _____ TAS _____ Retirement _____ DD _____ Mail Drop _____