



STUDENT EMPLOYMENT APPOINTMENT FORM

CIRCLE ONE SA WS

Part I is completed by student and Part II is completed by department, return all paperwork to Human Resources 201 French Hall

PART I - To be completed by student

(Must be enrolled in SUNY classes during period of employment) REV 06/16

Name _____ US Social Security # _____ Date of Birth ____/____/____
(First, Middle Initial, Last ** (Must Match Social Security Card) Gender Identification M ____ F ____ Campus Email _____

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

Other Address (PO Box or other) _____ Phone #(Cell Y or N) () _____
(Number, Street, Apt#) (Town) (State) (Zip Code)

US Citizen? ___Yes ___ No *If no you must contact the Office of Human Resources for proper employment verification.

Ethnicity: Hispanic ___Yes ___No Race: Select all that apply: ___ White ___ American Indian or Alaska Native ___ Black or African American ___ Asian ___Native Hawaiian & other Pacific Islander

Highest Educational Level Completed: ___High school only ___AA ___AS ___BA ___BS ___MA ___MS Name of College: _____ Date of graduation (MM/YY) _____

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

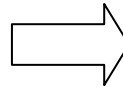
New York State Employees' Retirement System (NYS ERS) - **Select one:**

- ___ I am **currently** a member of New York State Employees' Retirement System
- ___ I would like to **join** the New York State Employees' Retirement System (**enrollment form is required and available in Human Resources**)
- ___ 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 Human Resources**)
- ___ I was previously enrolled in direct deposit (**Please contact Human Resources for the required verification of banking information**)
- ___ I do **NOT** want direct deposit

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



(Signature of Student) (Date)

Important campus policies as well as the Student Employment Handbook are available on the Student Employment web site: https://www.canton.edu/fin_aid/documents/Student_Employment_Handbook.pdf

Part II - To be completed by department

All persons authorized to sign timesheets **sign and print name below

Department _____ Account # _____

Employment Dates: ____/____/____ - ____/____/____ Hourly Rate \$ _____ Allocation\$ _____
(MM/DD/YYYY) (MM/DD/YYYY)

_____	_____	_____	_____
(Sign)	(Sign)	(Print)	(Print)
_____	_____	_____	_____
(Sign)	(Sign)	(Print)	(Print)
_____	_____	_____	_____
(Sign)	(Sign)	(Print)	(Print)

Signature of department head/budget approval _____ Printed name _____ (Date) _____

OFFICE USE ONLY

Award Amount \$ _____ Family Income Code _____ W4 _____ IT2104 or 2104E _____ I-9 _____ Line # _____
 Enrolled in Classes: Full-Time ___ Part-Time ___ Change FICA Indicator _____ HIR ___ CCH ___ REH ___ Active ___ EMPL# _____ PR# _____
 SUNY ID _____ Personal Info ___ Mail Drop ID ___ Direct Deposit ___ Retirement ___ SUNY HR ___ Distribution ___ Roster ___