

STUDENT EMPLOYMENT APPOINTMENT FORM

Return all paperwork to Human Resources, 200 French Hall

To be completed by student

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

Rev 01/2020

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 American
 Hispanic: Yes No 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 web: <http://www.canton.edu/hr>

To be completed by department

Department: _____
 Account #: _____
 Employment Dates: ____/____/____ - ____/____/____

Account Nickname/Distinguishing Title: _____
 Hourly Rate: \$ _____ Allocation: _____
 Minimum wage: \$11.80 12/26/2019-12/30/2020
 \$12.50 12/31/2020

 (Signature of Department Head/Supervisor)

 (Printed name) (Date)

 (Area Vice President Signature)

 (Printed name) (Date)

 (Signature of Budget Director) (Date)

 (Signature of VP for Administration) (Date)

PAYROLL USE ONLY

Award Amount \$ _____ Family Income Code ____
 HIR ____ CCH ____ REH Active ____ EMPL# ____ PR# ____
 SUNY ID _____ Personal Info _____ SUNY HR _____

FICA Status: Exempt ____ Non-Exempt ____
 W4 ____ IT-2104 ____ I-9 ____ Line # ____
 TAS ____ Retirement ____ DD ____