SEATTLE UNIVERSITY

ENROLLMENT SERVICES
Office of Student Financial Services
901 12th Avenue, PO Box 222000
Seattle, WA 98122-1090

Tel: (206) 220-8020 Fax: (206) 296-5755
financialservices@seattleu.edu

STUDENT EMPLOYMENT ACTION FORM

During the academic year, students must be enrolled at least half-time (undergrads, 6 credits; grads, 3 credits) to be hired as student employees. For summer employment, see the *Supervisor's Guide to On-Campus Student Employment*. This document provides notification that the student named below has been hired by a Seattle University department and indicates agreement to adhere to University policies governing student employment. **The student is also required to complete a Form I-9 and a Form W-4 within three days of hire.** Please type or print legibly.

STUDENT

Last Name _____ First Name _____ Middle Initial _____

SU ID # _____ Birth Date _____

Current Address, City, State, Zip Code _____ Local Phone Number, Including Area Code _____

DEPARTMENT

Effective Hire Date _____ Job Title - **Must** match the title used on the job description and web time entry screen _____

Department Name _____ Phone _____ Budget Number _____

This student will be paid from:

- ☐ Federal On-Campus Work Study
- ☐ Non-Work Study Student Employment

The student's base wage will be (2011-12 shown; Updated to 2012-13 when known):

- ☐ $ 9.45 Level 1
- ☐ $10.65 Level 2
- ☐ $11.70 Level 3 (for grad students in grad level positions only)
- ☐ $21.67 Level 4 (for grad students in paraprofessional positions only)

Cost Center Manager's Printed Name _____ Cost Center Manager's Signature _____ Date _____

REQUIRED Information for Payroll Web Time Entry

Supervisor's Printed Name: _____ SU Employee ID: _____

Alternate Supervisor's Printed Name: _____ SU Employee ID: _____

OFFICE OF STUDENT FINANCIAL SERVICES

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4
- ☐ Form I-9
- ☐ Form W-4
- ☐ On-file
- ☐ Federal Work Study eligible
- ☐ Non-Work Study approval

FAO Initials: _____

Date: _____

NOTICE OF TERMINATION

Effective Date of Termination: _____

Reason for Termination: _____

Supervisor's Signature _____ Date _____

Do you want to advertise this position? ☐ Yes ☐ No If yes, how many positions will be available? _____

Return the **ORIGINAL** copy immediately to the Office of Student Financial Services. The supervisor must make a copy for their records until the student's employment is terminated. At that time, complete the Notice of Termination and forward the copy to the Office of Student Financial Services. The Office of Student Financial Services will notify the Payroll Office of the student's termination. Student employees may make a copy of the SEAF for their own records.