

COLLEGE OF
MOUNT SAINT VINCENT

STUDENT HIRE REQUEST FORM

This form must be completed and the student approved for employment by HR before the student begins work

STUDENT

DATE: ____/____/____

STUDENT'S NAME: _____

STUDENT ID #: - _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: ____/____/____ CITIZEN: YES NO

GENDER: MALE FEMALE

The signature below acknowledges receipt of the College of Mount Saint Vincent Student Employment Policy.

Signature: _____

SUPERVISOR

Hours/Week/Semester

Budget Year: _____

August to December
Fall

January to May
Spring

Hrs/Wk _____

Total Semester _____

Department: _____

Organization #: _____

Level I

Level II

Level III

Total \$ Allotted: _____

Supervisor Signature/Date

Vice President of Area/Date

Please note: A title or very brief description of duties must accompany this student hire request form., e.g desk sitter, or laboratory assistant, or clerical assistant.

HR USE ONLY

IS FWS ELIGIBLE: _____ Yes _____ No

If yes, have student's funds been exhausted: _____ Yes _____ No

Chief Financial Officer/Date

Director of Human Resources/Date