

State Student Assistant Appointment Form

Upon Completion, return to Office of Human Resources, 216 Bray Hall

Supervisor to Compl	ete: Required Informatio	n	
Student's Last Name:		Student's First Name:	
		(Name student chooses	
Student email:	uil to complete online paperwork from "H	'iveron/Interview Evolunge"	
Anticipated Weekly Hours:_	:(25 hour limit per week) https://www.esf.edu/business/documents/maxhours.xlsx		
Appointment Start Date:	End Date:	(hours worked should not begin prior to start date or after e	nd date)
Hourly Rate:(\$15.00 minimum - \$26.65 maximum)			
Department/Unit:		Account # to be charged:	
Brief Description of Duties:_			
If student is working more than 20 hours per week, certification is required.			
Check here certifying the above student is in good academic standing at SUNY ESF			
Advise Student that a time record is required to be submitted biweekly and accurate in order for payment to be processed. Payments are issued on an extra lag basis. If everything is submitted on time, the first payment will be processed 16 business days after the end date of the first pay period worked. See schedules online: https://www.esf.edu/business/payroll/forms.htm			
Direct Supervisor: Print Nam	ne:S	ignature:	Date:
Account Signatory: Print Na	me:S	Signature:	Date:
(Only required if different from Direct Supervisor)			
I D OC	*		
Human Resources Off	ice to Complete:		
-9 Done Date:	US Citizen:Yes _	No If no, Country of Citizenship: _	
Work Authorization Expiration Date: Visa Type:			
Visa Effective Date: Visa Expiration Date:			
nboarding Entered: Onboarding Complete:			
Sent to Payroll:	Payroll: Completed Initials:		