



State Student Assistant Appointment Form

Upon Completion, return to Office of Human Resources

216 Bray Hall | 1 Forestry Drive | Syracuse, NY 13210 | Phone (315) 470-6611

Supervisor to Complete: Required Information

Student's Last Name: _____ Student's First Name: _____
(Students' Legal name must be listed correctly to match as it appears in their Legal Documents in order to meet I9 verification requirements)

Anticipated Weekly Hours: _____ (25-hour limit per week)
([SUNY ESF Payroll](#) | <https://www.esf.edu/business/payroll/forms.php>)

Appointment Start Date: _____ End Date: _____
(Hours worked should not begin prior to start date or after end date)

Hourly Rate: _____ (\$15.50 minimum - \$27.45 maximum)

Department/Unit: _____ Account # to be charged: _____

Brief Description of Duties:

If a 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 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.php>)

Direct Supervisor:

Print Name: _____ Signature: _____ Date: _____

Account Signatory:

Print Name: _____ Signature: _____ Date: _____

(Only required if different from Direct Supervisor)

Human Resources Office to Complete:

I-9 Completion Date: _____

US Citizen: Yes No If No, Country of Citizenship: _____

Visa Effective Date: _____ Visa Expiration Date : _____

Onboarding Entered : _____ Onboarding Complete : _____

Sent to Payroll : _____ Completed Initials: _____