NEIU works

STUDENT EMPLOYEE HIRING AND CHANGE OF STATUS FORM

☐ INITIAL ☐ REVISION: ONLY PROVIDE NAME, STUDENT I.D. NUMBER AND REVISED INFORMATION

TOP PORTION TO BE COMPLETED BY STUDENT

STUDENT ID: _____ HIRING DEPARTMENT: _____

NAME:

_____
LAST FIRST MIDDLE

DEMOGRAPHIC INFORMATION

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ EMAIL ADDRESS: _____

REQUESTED EMPLOYMENT END DATE, IF APPLICABLE ___ ___ ___ ___ ___ ___
M M D D Y Y

IN CASE OF EMERGENCY

1. NAME _____ RELATIONSHIP: _____
   BUS. PHONE: (_____) _____ HOME PHONE: (_____) _____
2. NAME _____ RELATIONSHIP: _____
   BUS. PHONE: (_____) _____ HOME PHONE: (_____) _____

HIRING DEPARTMENT USE ONLY

POSITION TYPE: ☐ STUDENT AIDE ☐ WORK STUDY

BEGIN DATE ___ ___ ___ ___ ___ ___
M M D D Y Y

END DATE ___ ___ ___ ___ ___ ___
M M D D Y Y

REASON FOR ADD/CHANGE (CIRCLE ONE)
N =NEW HIRE A = RATE CHANGE G = RECLASSIFICATION
3 = TERMINATING 4 = EXTENDING EMPLOYMENT S = CHANGE OF SUPERVISOR 5 = CHANGE OF AUTHORIZED AMOUNT

RATE TYPE: H = HOURLY ENTER HOURLY RATE $ __ __.__ __

POSITION NUMBER ☐☐☐☐☐☐

*HIRING POSITION NUMBER CANNOT BE LEFT BLANK; IT MUST CORRESPOND WITH THE FOAP NUMBER LISTED BELOW FOR THE ACCOUNT NAME

	FUND	ORGANIZATION	PROGRAM	ACTIVITY
ACCOUNT NAME:	☐☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐

APPROVALS

SIGNATURE OF SUPERVISOR	NEIU ID	DATE	PRINT SUPERVISOR NAME AND EXTENSION
SIGNATURE OF UNIT HEAD	NEIU ID	DATE	PRINT UNIT HEAD NAME AND EXTENSION

STUDENT EMPLOYMENT OFFICE USE ONLY

AWARD YEAR	AWARD AMOUNT			ENTRY DATE	INITIALS
____ | ____	SUMR _____	FALL _____	SPR _____	_____	_____
____ | ____	SUMR _____	FALL _____	SPR _____	_____	_____

DISTRIBUTION White Student Employment
Yellow Hiring Department
Pink Payroll