STUDENT NEW HIRE SSB FORM

TO BE COMPLETED BY SUPERVISOR/MANAGER

STUDENT NAME: _____

STUDENT ID#: _____

HIRING OFFICE: _____

STUDENT JOB TITLE: _____

START DATE: _____

END DATE: _____

APPROVING SUPERVISOR/MANAGER: _____

FOAP# (Budget Line Account Number)

Campus Employment _____

Work Study _____