

Student Hire Employment Input Form

If any information is left blank the hire will not be approved or processed

| | | | | | | | |
|--|---------|-------------------------------------|--|------------------------|--|--|--|
| USNH ID (9 digits): | | | | | | | |
| Last name: | | | | | | | |
| First name: | | | | | | | |
| Middle Initial: | | | | | | | |
| PSU email: | | | | | | | |
| HUB Suite Box : | | | | | | | |
| Payroll type : (place "X" to select type): | Hourly: | | Work Study: | (must have aid award) | | | |
| Student start date (mm/dd/yr): | | Student end date (mm/dd/yr): | | | | | |
| Hourly pay rate: | \$ | FTE Calculation | | | | | |
| Timesheet Org | | Hours per day: | | Hours per week: | | | |
| Org Cluster/Unit: | | Campus Work Location | | | | | |
| Supervisor: (Name & USNH ID) | | | | | | | |
| Student Job Title: | | | | | | | |
| Position Classification: | | | | | | | |
| Funding Source(s): | | | | | | | |
| Program(s) to be supported (if applicable): | | | | | | | |
| Activity(s) to be supported (if applicable): | | | | | | | |
| Will this employee be working out of the state of New Hampshire in this position? | YES | NO | If yes, please contact HR with the location and address. | | | | |

Student Signature: _____ **Date:** _____

*A copy of this signed form must be provided to the student.

| For Finance Use: | | | | | | | |
|------------------|------|-----|---------|---------|----------|----------|------------|
| | FUND | ORG | ACCOUNT | PROGRAM | ACTIVITY | LOCATION | Percentage |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

| | | |
|---------------------------------|--|--------------|
| Hiring Manager Approval: | | Date: |
| Budget Manager Approval: | | Date: |
| FSC Manager Approval: | | Date: |