**GENERAL INFORMATION**

- Dept Name: __________________________________________
- Grant Name: __________________________________________
- Contact Person: ____________________________  Ext: ________  Email: _________________
- Budget to be charged (REQUIRED):  ______________ - ______________ - 5745 - ______________
  (Fund)      (Org Number)                                   (Program)

**FOR OFFICIAL USE ONLY**

- Job Title: ____________________________________________
- Job # V: ___________________________

**JOB DESCRIPTION**

- Begin and End Dates: ______________________________
- Duties: ___________________________________________

**PAYMENT INFORMATION**

- Hourly Position (Y/N): ________  Recommended Hourly Rate: $ ________________
  (If you are unsure of the hourly rate, you may check with Student Employment to determine this. The hourly rate will be based on the job description and current payscale)
- One-time pay (Y/N): ________
  If yes, amount: $ ________________  If no, estimate total amount to be given to student: $ ________________

**Note:** You may not employ a student until you receive confirmation from student employment that the student is eligible to work. Receipt of the Student Employment Status Change Form (SESCF) or Time Sheet confirms eligibility.

- Student Name: ____________________________________________  Vassar ID #: __ __ __ - __ __ __ - __ __ __

**AUTHORIZATION OF HIRE INFORMATION**

- Name (Print & Sign): ____________________________________________  Date:___ / ___ / ___