**GENERAL INFORMATION**

Dept Name: ________________________________________

Contact Person: ___________________________ Ext: _____________ Email: _______________

Budget to be charged (REQUIRED): ______________ - ______________ - 5730 - ______________

(Fund) (Org Number) (Program)

**FOR OFFICE 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:___ / ___ / ___