### GENERAL INFORMATION

Dept Name: ____________________________________________

Grant Name: ____________________________________________

Contact Person: ___________________ Ext: __________ Email: ______________

Budget to be charged (REQUIRED): ______________ - ______________ - 5720 - ______________

**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: __ / __ / __