

LAST NAME	FIRST NAME	SIS STUDENT ID#	NETWORK ID #
<input type="checkbox"/> New Campus Hire (requires employment packet)		<input type="checkbox"/> Continuous Campus Hire	
		Start Date: / /	
		End Date: / /	
<input type="checkbox"/> Undergraduate (1410/1450)	<input type="checkbox"/> Graduate (1420/1460)	<input type="checkbox"/> International (1410/1420)	Exp. Graduation Date: / /

I. CHECK ALL THAT APPLY:

- SUMMER ONLY (05/10/20 - 08/22/20):
 Registered 1/2 time in an 8-week course
 Not Registered
 ACADEMIC YEAR (08/24/20 - 05/06/21)
 FALL ONLY (08/24/20 - 01/08/21)
 SPRING ONLY (01/11/21 - 05/06/21)
 NEW HIRE: For first time employment position with hiring department (**requires job description**)
 ADDITIONAL HIRE: For any student that has more than one position (**requires job description**)
 REHIRE: Student is returning to previous department

Please note: All first time hires must complete the required Employment Packet no later than the third business day from the hire date. Included in this packet is the Federal I-9 Employment Eligibility Form which requires verification of identity and proof of eligibility to work in the United States. These forms, along with a list of acceptable documents to select from, can be found at: <https://case.edu/financialaid/student-employment/student-employment-forms>. **First-time hires are not eligible to begin working until this process is complete.**

II. POSITION INFORMATION: Attach a copy of the job description for new hires

PROGRAM: Federal Work-Study Campus Employment/Non Federal Work-Study
 AWARD AMOUNT: \$ _____ This award may be modified due to future changes in eligibility. (Confirmed by: _____)

Home Department OPR #	Job Code:	Hourly Rate: \$
Supervisor's Name:		Emplid #:
Supervisor's Network ID#:		Phone #:
Person approving student's time:		Emplid #:
Supervisor's / Coordinator's Signature:		Date:
Verify all employment forms have been submitted to the Office of Student Employment before beginning work. Students should return this form to their supervisor(s) with the "Student Employment Use Only" section completed.		

III. STUDENT CERTIFICATION: Student must read and sign: I certify that the information provided is true and accurate. I understand that if I am employed as a student employee (Federal Work-Study or campus employment) at Case Western Reserve University, I must be enrolled at least half-time. If for any reason I withdraw during the academic year, I must inform my supervisor immediately. Employment will cease upon determined date of withdrawal. I agree to complete the required employment forms before beginning work; I understand I cannot work over 20 hours per week during an academic semester or 40 hours per week during winter/spring/summer breaks, and cannot work during my scheduled class times. I agree to abide by all rules and guidelines as published in the Student Handbook located at financialaid.case.edu.

STUDENT'S SIGNATURE: _____ Date: _____

Student Employment Use Only			
Hiring process is complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> International student: must submit SS card by :	
Student eligible to start? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Summer 2020	<input type="checkbox"/> Academic Year 2020-2021	Start Date:	End Date:
EMPLOYMENT PACKET: <input type="checkbox"/> I-9 complete with acceptable ID		<input type="checkbox"/> I-9 completed remotely <input type="checkbox"/> Withholding forms complete	
<input type="checkbox"/> I-20/EAD expiration date		Verified By:	
Processor's Initials:	Date:	Record #	<input type="checkbox"/> ACA <input type="checkbox"/> SSN