



Student Employment Form (SEF)

Please Note: This section is to be completed by the employer. Complete each item carefully to avoid delays in processing. Attach a copy of the job posting for all hires and a copy of the New Student Orientation Assessment for new hires.

1. Student Employee's CSU ID _____
2. Last Name _____ First _____ M.I. _____
3. Effective Date of the action marked in #4 ____/____/____
4. Actions: Check all that apply.
 - New Hire:** For first student employment position on campus.
 - Additional Hire:** For any student hires subsequent to New Hire.
 - Rehire:** For a student previously employed (but terminated) by your department.
 - Budget Change:** For changes in budget or account to which the earnings are charged
 - Pay Rate Change:** ____ Merit ____ Promotion ____ Adjustment
 - Data Change:** ____ Change of Supervisor ____ New Job Title
 - Termination:** For whenever a student is no longer employed in your department, including temporary inactivity.
5. Department Name: _____ 6. Job Title: _____
7. Hourly Rate \$ _____
8. PeopleSoft Acct. _____ Previous PeopleSoft Acct. _____
(For budget change only)

9. Student Certification – Student Employee Must Read and Sign

I certify that information provided is true and accurate. I understand and agree that Federal Work Study funds will always be used first, whenever available. I agree to complete the required hire forms before working; I understand that payroll will not be processed until these forms are accurately completed and received. I have viewed the Student Employment Guidelines and understand that I must abide by them in order to maintain my eligibility to work as a student employee (this includes the understanding that I must maintain enrollment in at least 6 credit hours each semester, cannot work over 20 hrs/wk during academic semesters or 40 hrs/wk during winter/spring/summer breaks, and cannot work during my scheduled class times). I confirm that I have received a copy of the Affirmative Action form, Invitation to Self Identify. **I understand that a student employment position is considered temporary and part-time and does not qualify for unemployment compensation.** I agree to keep confidential and refrain from disclosing any student or University information except as directed by my supervisor. I acknowledge that any violation of confidentiality may result in disciplinary action, including termination of my employment.

Student Signature _____ **Date** _____

10. Supervisor's Name _____ Position Number _____ Phone Ext. _____ Campus Address _____
11. Dept. Head _____ Signature _____ Date _____
(Printed Name)
12. Reviewed by Departmental Student Employment Designee _____ Date _____

Student Employment Use Only

Credit hours: Fall _____ Spring _____ Summer _____ Sequence _____ BR _____ Empl _____

Comment _____

Input by: _____ Date ____/____/____ Approved by: _____ Date ____/____/____