

Student Initial Employment Form

Biographical Data - To be completed by the employee

Name (Last, First Middle) _____ CSU ID _____

Sex: ___ M Visa type _____ Email Address _____
 ___ F

Address _____ City _____ State _____

Zip _____ Home phone (____) _____ Birth date: _____

Emergency contact _____ Phone (____) _____ Relationship _____

Appointment Data - To be completed by the department

Work-Study student? Y or N State Work Study? Y or N

Department NREL Hire date _____

Job _____ Grade _____

Hourly salary _____ Salary basis Student hourly Payroll CSU Bi-weekly

Employee group Student Employee qualifier _____ Employment category Temporary
(Work-study or Non work-study)

CSU account number(s)	Start date	End Date	Percent
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Supervisor _____

Forms on File:	Dates:		
PDA	_____	_____	_____
W-4	_____	_____	_____
I-9	_____	_____	_____
SSA 1945	_____	_____	_____
PERA Membership	_____	_____	_____
PERA Exclusion	_____	_____	_____
Out of State Work Loc	_____	_____	_____
Student at Other Inst.	_____	_____	_____
Other _____	_____	_____	_____

NOTE: The I-9 form must be sent to Student Employment Services. The W-4 and Payment Disposition Action (PDA) forms must be sent directly to the Payroll Office. Revised 3/2006