

**For Student Payroll Office Use Only**

- Direct Deposit or Debit Card Form
- I-9 Form
- W-4 Form
- COR Form
- LST Exemption Form

Date Received:

EPAF Entered:  YES  NO

# Dickinson College Payroll Contract

Please list a local phone number or cellular phone number where you can be contacted:

Has this student worked on campus before?

YES  NO

| Student Name  | Student ID #  | Student HUB Box   |
|---|---|---|
| Department  | Banner Student Wage Account #   | Position Title  |
| Student Is: (check one)   | Wage Category (check one)   | Dates of Employment   |
| First Year <input type="checkbox"/><br><br>Sophomore <input type="checkbox"/><br><br>Junior <input type="checkbox"/><br><br>Senior <input type="checkbox"/> | Cat A (\$7.40-7.90) <input type="checkbox"/><br><br>Cat B (\$7.55-8.05) <input type="checkbox"/><br><br>Cat C (\$7.80-8.30) <input type="checkbox"/><br><br>Cat D (\$8.05-8.55) <input type="checkbox"/><br><br>Rate of Pay per Hour:<br>\$ <input style="width: 80px;" type="text"/> | Fall Semester <input type="checkbox"/><br><br>Spring Semester <input type="checkbox"/><br><br>Other (specify dates below)<br>From: <input style="width: 100px;" type="text"/><br><br>To: <input style="width: 100px;" type="text"/><br><i>(Dates)</i> |

*By signing below both the student and the supervisor acknowledge that they have read and understand the information contained within the Dickinson College Student Employment Handbooks. The Handbooks are an overview of policies and procedures, and the policies and procedures may be amended, modified or discontinued at any time by the Student Employment Office and/or Dickinson College.*

*The student further agrees that they are responsible for maintaining the security and confidentiality of any information that is received as a student employee, as required by federal law and college policy.*

Primary approver of hours worked:

\_\_\_\_\_ (Print)

Secondary Approver of hours worked:

\_\_\_\_\_ (Print)

Primary Approver of hours worked:

\_\_\_\_\_ (Signature)

**Student Employee Signature:**

\_\_\_\_\_ (Signature)

**PLEASE NOTE: ALL INFORMATION ON THIS FORM IS REQUIRED.  
PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.**

Please send a copy of this form along with all required new hire paperwork to the Student Employment office. Additional copies of this form may be made for Department and/or Student Files.