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 s	tudent	worked	on c	ampus	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	Cat A (\$7.25-7.65)	Fall Semester	
Sophomore	Cat B (\$7.40-7.90)	Spring Semester	
	σα. Σ (φ σ σ σ )	Other (specify dates below)	
Junior	Cat C (\$7.65-8.15)	From:	
	Cat D (\$7.90-8.40)	<del>-</del>	
Senior	Rate of Pay per Hour:	To: <i>(Dat</i> es)	
	\$		

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:		Secondary Approver of hours worked:	
Primary Approver of hours worked:	(Print)	Student Employee Signature:	(Print)
	(Signature)	<del></del>	(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.