

## **Student Hire Request**

			S	tudent In	formation						
Empl ID:	Empl R	ecord:		Employee Type:							
Name: (Last, First, Middle	e)										
Job Code:				Job Begin Date: Job					End Date:		
Dept Name:				Dept #:				Pay Group:			
Campus:		Location:				Tax Location:					
Hourly Rate: Sala			ry: Ar				Annua	nualized Rate:			
Supv Name:	Supv Emp					ipl ID:					
Full Address (If New Hire)	):										
Standard Hours:			Full-Time/Part-Time:					Last 4 of SSN:			
Marital Status:			Gender: Education:								
Home Phone:		USC Email:									
Has the I9 been completed in I9 Advantage? Yes No											
Accounting Information											
Operating Unit											
Department											
Fund											
Account											
Class											
Project											
Proj. Costings Bus Unit											
Cost Share											
Amount/% if Hourly											
Signatures (Please Route to Appropriate Area if Applicable)											
Department:									Date:	Date:	
Graduate School:									Date:	Date:	
Financial Aid:									Date:		
HR Ops/Services:									Date:		