

COLLEGE OF MOUNT SAINT VINCENT

STUDENT HIRE REQUEST FORM

This form must be completed and the student approved for employment by HR before the student begins work

	DATE://			
TUDENT	STUDENT'S NAME:	SOCIAL SECURI	SOCIAL SECURITY #:	
	STUDENT ID #:	PHONE NUMBE	PHONE NUMBER:	
	GENDER: MALE 🗌 FEMALE 🗌	EMAIL:	EMAIL:	
	DATE OF BIRTH://		CITIZEN: YES NO	
	The signature below acknowledges receipt of the College of Mount Saint Vincent Student			
	Employment Policy.			
	Signature:			
	Supervisor Name:	Department Org	Department Organization #	
	Department:		Budget Year:	
	12 Hours Maximum allowed to work during Fall and Spring semesters			
	Fall August to De	ecember Jai	Spring January to May	
	1			
	Hrs/Wk			
	Total Hours/			
	Semester	_ I _		
SUPERVISOR	Total \$ Allotted:			
	Level I	Level II	Level III	
	Facilities Dept. Escort	Lab Assistant	Admission Tour Guide	
	Desk Assistant	Commuter Assistant	Dolphin Dialer (Seasonal)	
	Office Assistant	Office Associate	Tutor in ARC	
	Help Desk Phone Support Agent	Help Desk Technician I	Help Desk Technician II	
	No Bookstore Assistant I Game Day Event Staff	No Bookstore Assistant II	Student Athletic Trainer Fitness Center Manager	
	Team Manager		Student Event Staff	
	Community Service			
	Supervisor Signature/Date	Vice President of	Area Signature/Date	
	Budget Manager Signature/Date	-		