

# OFFICE OF STUDENT MEDIA

## MONTHLY PAID EMPLOYEE INFORMATION FORM

### **STUDENT INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

CWID \_\_\_\_\_ SSN \_\_\_\_\_ Email \_\_\_\_\_

### **LOCAL INFORMATION**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

### **PERMENANT INFORMATION**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

### **PERSONAL INFORMATION**

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_

If married, spouse's name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Relation \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Major \_\_\_\_\_ Expected Graduate Term \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Department \_\_\_\_\_ Position \_\_\_\_\_

State Date \_\_\_\_\_ End Date \_\_\_\_\_ Monthly Salary\* \_\_\_\_\_

*\*Monthly salary based on academic and/or publication calendar.*

Are you currently employed by another UA Office? \_\_\_\_\_ If so, what department \_\_\_\_\_

How many hours? \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

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