

OFFICE OF STUDENT MEDIA

PAID EMPLOYEE INFORMATION FORM (Monthly or Hourly)

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 _____

Start Date _____ End Date _____ Monthly Salary* _____

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

(For Hourly employees only) Wage _____

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)

OSM Office
Use Only
PA Complete
Total \$ Amount
OSM Rep