Student Assistant Employment/Transaction Request Form

Date of transaction:

LAST PHYSICAL DAY WORKED/TERMINATED ON TIMESHEET _____

To process a correction or request a change in the system USE the PS Correction Request Form.

1. Employee PS Empl ID#:	2. First Name:	3. M. I.	4. Last Name:

DO NOT punctuate name. Use mixed case. Enter Name as shown on SSN Card.

5. Street Address:	6. City:	7. State:	8. Zip Code:

9. Email Address:	10. Primary Phone:	11. Phone Type:

Personal Profile/ Eligibility Identity

12. Grade Level:	Mo/Yr Acquired:	Name of School:	State:	Major:

Emergency Contact Information

13. Name:	14. Relationship:	15. Phone:

16. Address:	City:	State:	Zipcode:

CSU Job Information

17. Effective Date of Hire:	18. Action/Reason:	19. Position #:
	Hire/Appointment ☐	
	Rehire/Rehire ☐	20. Hourly Rate: Weekly Assigned Hours:
_____	Hire/Concurrent ☐	21. Appointment End Date:
	Termination/End ☐	

22. Empl Rcd #:	23. Account #:	24. Unit #:

25. Supervisor Name:	26. Supervisor PS Empl ID:	27. MPP: ☐

28. Print Name of Hiring Supervisor & Department:	29. Signature:	30. Ext.:	31. Date:

32. Print Name of Authorizing Administrator Title:	33. Signature:	34. Date Signed:

For Assistance with this form, please contact the Student Employment Office SH 119 Extension 75225