

COLLEGE OF MOUNT SAINT VINCENT

NEW STUDENT HIRE REQUEST FORM

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

STUDENT

DATE: ____ / ____ / ____

STUDENT'S NAME: _____ SOCIAL SECURITY#: _____

STUDENT ID #: - _____ PHONE NUMBER: _____

GENDER: MALE FEMALE EMAIL: _____

DATE OF BIRTH: ____ / ____ / ____

The signature below acknowledges receipt of the College of Mount Saint Vincent Student Employment Policy.

Signature: _____

SUPERVISOR

Supervisor Name: _____ Department Organization # _____

Department: _____ Budget Year: _____

12 Hours Maximum allowed to work during Fall and Spring semesters

	Fall August to December	Spring January to May
Estimated Hrs/Wk	_____	_____
Stipend Amount	_____	_____
Total Hours/ Semester	_____	_____

Total \$ Allotted: _____

Facilities Department Escort	Community Service	Admission Tour Guide
Commuter Assistant	Lab Assistant	Dolphin Dialer (Seasonal)
Desk Assistant	Campus Events Staff	Game Day Event Staff
Student Event Staff	Office Assistant	Team Manager
Help Desk Phone Support Agent	Tutor in ARC	Fitness Center Manager
Help Desk Technician	No-Bookstore Assistant	Student Athletic Trainer

Supervisor Signature/Date

Vice President of Area Signature/Date

Budget Manager Signature/Date