William & Mary

Student Hourly Employment Form

THIS FORM IS SUBMITTED TO STUDENT FINANCIAL AID FOR PROCESSING

All combined student employment is limited to no more than 29 hours per week. *For additional information or help access the Student Employment Form email studentemploy@wm.edu*

USE S1SOFI for Stipends or STINFL for Internships and Fellowships

Employer: Choose One	**Banner ID:** **93**	**Date**
Last Name:	**First Name:**	**Middle Initial:**
Type of Student: Choose One	**Does this student have another Campus job?** ◯ **Yes** ◯ **No** **Dept**	**TYPE OF ACTION:** Choose One
Is the student on an F1 or J1 Visa? Choose One	**Is this student an Athlete?** Choose One	

ACTION REQUESTED AND ASSIGNMENT INFORMATION -
HOURLY PAYMENTS ONLY – A TIMESHEET IS REQUIRED

Position Number (Required)	**Position Title**		
Estimated Hours Per Week:	**Hourly Rate:**	**Effective Date (Required):**	**End Date (Required):**
Timesheet Dept Org. #	**Timesheet Dept. Name**	**Timesheet Approver Name & Position #**	**Approver for Position** ◯ / **Approver for this student ONLY** ◯
Description of Duties:	**MUST be completed before 1st day of employment:** **I-9 Completed** Choose One **Social Security Number in Banner** Choose One *If NO is selected for either option, please complete before submitting to SFAO		

ONE TIME PAYMENTS ONLY - PAYMENTS LIMITED TO ONE PAY PERIOD

Position Number (Required) Choose One	**Position Title:**		
# Of Hours (Required)	**Hourly Rate:**	**Effective Dates:** **Month**_____ **10th-24th** ◯ **25th- 9th** ◯	
Dept Org#	**Dept Name:**	**Approver's Name:**	**Approver's Position Number:**

ADDITIONAL INFORMATION

Special Notes

SEPARATION INFORMATION

Separation Reason

LABOR DISTRIBUTION

Index	Account	Activity	Percentage	Amount

APPROVALS (Where Applicable)		FUNDING APPROVALS (based on source of funding)	
1. Student Signature	Date	5. Graduate or Dean's Office	Date
2. Supervisor	Date	6. Sponsored Programs	Date
3. Department Chair or Athletic Business Office	Date	7. Athletic Compliance Approval	Date
4. Dept Contact Name and Phone Number (Required)			Date
I-9 **SFAO**		**HR - Transactions**	

Revised April 2020