



**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

Employer:		Banner ID: <b>93</b>		Date	
Last Name:		First Name:		Middle Initial:	
Type of Student:		Does this student have another Campus job? Yes No Dept		TYPE OF ACTION:	
Is the student on an F1 or J1 Visa?			Is this student an Athlete?		
<b>ACTION REQUESTED AND ASSIGNMENT INFORMATION - HOURLY PAYMENTS ONLY – A TIMESHEET IS REQUIRED</b>					
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:		<b>MUST be completed before 1st day of employment:</b> I-9 Completed Social Security Number in Banner <small>*If NO is selected for either option, please complete before submitting to SFAO</small>			
<b>ONE TIME PAYMENTS ONLY - PAYMENTS LIMITED TO ONE PAY PERIOD</b>					
Position Number (Required)		Position Title:			
# Of Hours (Required)		Hourly Rate:	Effective Dates: Month _____ 10 <sup>th</sup> -24 <sup>th</sup> 25 <sup>th</sup> - 9 <sup>th</sup>		
Dept Org#	Dept Name:	Approver's Name:		Approver's Position Number:	
<b>ADDITIONAL INFORMATION</b>					
Special Notes					
<b>SEPARATION INFORMATION</b>					
Separation Reason					
<b>LABOR DISTRIBUTION</b>					
Index	Account	Activity	Percentage	Amount	
<b>APPROVALS (Where Applicable)</b>			<b>FUNDING APPROVALS (based on source of funding)</b>		
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		