**Boston University**

**EFFECTIVE DATE** ____/____/_____

Student Employment Office
881 Commonwealth Avenue
Boston, Massachusetts 02215

# STUDENT EMPLOYEE AUTHORIZATION

STUDENT I.D. NUMBER |___|___|___|___|___|___|___|___|___|___|

Name _____
Last First MI

SOCIAL SECURITY NUMBER ___|___|___|___|___|___|___|___|___|

**ACTION**

____ **NEW HIRE** _____ **REHIRE** _____ **TERMINATION**

____ **RATE CHANGE** _____ **DISTRIBUTION CHANGE** _____ **END DATE CHANGE**

____ **CHECK DESTINATION CHANGE** _____ **OTHER (PLEASE EXPLAIN)**_____

**SECTION I**

JOB NUMBER |___|___|___|___|___|___| GRADE |___| JOB CODE |___|___|

I-9 MAIL CODE FOR NEW HIRE |___|___|___|___|___|

TYPE OF EMPLOYMENT |___| DEPARTMENTAL |___| WORK-STUDY _____ MAXIMUM EARNINGS LEVEL _____ PROGRAM

EMPLOYMENT DURATION ____/____/____ START DATE ____/____/____ END DATE

HOURS TO BE WORKED PER WEEK |___|___|
*(REQUIRED FIELD)*

**SECTION II**

DISTRIBUTION

|_0_| |___|___|___| |___|___|___| |___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___|
FD UNIT DEPT OBJECT SOURCE MAIL CODE

CHECK DESTINATION

|___|___|___|___|___|
MAIL CODE

PAY STATUS

____ HOURLY (_____+ _____) RATE $ |___|___.___|___|
BASE/OVERBASE MERIT

____ MONTHLY $ |___|___|___|___.___|___|

PATENT

|___|___|___|___|___|
MAIL CODE

____ONE TIME PAYMENT $ |___|___|___|___.___|___|

REASON_____

**TERMINATION**

_____/_____/_____
TERMINATION DATE

|___|___|
REASON CODE

49 SEEK ANOTHER JOB
90 PROMOTION
80 SCHOOL/WORK CONFLICT
48 JOB DISSATISFACTION
45 SALARY DISSATISFACTION
03 UNSATISFACTORY SKILLS
02 POOR PERFORMANCE
04 POOR ATTENDANCE
01 MISCONDUCT
OTHER_____

**AUTHORIZED SIGNATURES**

_____
DEPARTMENT AUTHORIZATION DATE EXTENSION

_____
STUDENT SUPERVISOR (PRINT) DATE EXTENSION

_____
PAYROLL COORDINATOR DATE EXTENSION

_____
PATENT COMPLIANCE OFFICER DATE EXTENSION

_____
I-9 COMPLIANCE OFFICER DATE EXTENSION