

For security reasons, DO NOT send this form via email with the SSN field filled in. Either submit a hard copy or call with that information.

Date of Hire (start date)		University ID Number (if available)		Social Security Number (SSN)		Date of Birth (DOB)	
Estimated Work Duration (months & end date)		Country of Citizenship		US Citizenship/Visa Status		Sex	
# of month(s)							
Name (FIRST space MIDDLE INITIAL space LAST)							
Home Address (street, PO box, apartment #)							
Home City or Town				State	Zip Code	Country	
Email Address (NON BU.EDU ADDRESS)						BU Login Name (if available)	
Work Address (on- or off-campus)						Office Telephone	
Position Title							
Position Description (brief description of duties)							
Direct Supervisor (and, if different, timekeeper for hourly staff)				Mail Code	Full- or Part- Time	Est Hours/Week	
Home Base Fund Center		Hourly Rate (if non-exempt)		Monthly Salary (if exempt)		Annualized Salary	
Split %	Cost Center	OR	Internal Order	End Date of Distribution			

Form filled out by: \_\_\_\_\_

Date: \_\_\_\_\_

Comments (i.e. recent BU grad, one-time payment, etc): \_\_\_\_\_