

Authorization for Hire

Employee Name: _____
(As it appears on your Social Security Card.)

Employee Social Security Number: _____

W#: _____

Sex: Male Female

Birthdate: _____

Highest Degree: _____

Check One: Student Non- Student

Have you completed an I-9 (good for 3 yrs) : Yes No

Address: (paycheck address) _____

(W2 address if different)

Telephone Number: () _____

E-Mail Address: _____

To be completed by Professor or Supervisor

Rate of Pay: _____ Hours per week: _____

Account to be paid from: _____

Will this employee be working in a labor in the field? _____

Start Date: _____ End Date: _____

Signature: _____