

## **Student Appointment Form**

To be completed by Manager

## NEW EMPLOYEES MAY NOT WORK UNTIL THEY HAVE BEEN AUTHORIZED BY TOWER HUMAN RESOURCES

Federal law requires Tower Human Resources to attest, under penalty or perjury, that new hire's (1) identity and (2) legal authority to work has been examined and verified

**Tower Foundation employees are not employees of the state** Employees who work on Tower Foundation projects are considered temporary employees under the California State Education Code Section 89900(c).

| to work has been examined and verified temporary employees under the California State Education Code Section 89900(c).          |  |
|---|--|
| Check One: New Hire* New Account / Account Chang  | ge Reappointment Other   |
| *New Hire: Detailed job description MUST accompany this form.   |  |
| EMPLOYEE INFORMATION  | Student Assistants must present proof of enrollment for each academic  |
| Name:   | period enrolled (it MUST show the student's name and total number of units enrolled for that period).            |
| Last First M.I. SJSU ID:  | Registered Student:  |
| Date of Birth://  | Undergraduate (FICA exempt = 6 units)  |
| Home Address:   | Graduate (FICA exempt = 4 units)   |
| City: State: Zip:   | Expected graduation date: Month Year   |
| Email:  | Student Assistants can work up to 20 hours during school and 40 hours during break and one term after graduation |
| Cell Phone: ()  | Nonresident Alien (NRA) applicable to F1 / J1 unit requirements same as  |
| U.S. Citizen: Yes No If Not, type of Visa:  | above  |
| Employees must have a Social Security Number at time of hire. If you currently do not, please contact <u>TowerHR@sjsu.edu</u> . | NOTE:  |
| EMPLOYMENT INFORMATION Has Employee previously worked for the Tower Foundation?   | APPOINTMENT PERIOD  (Maximum one year or availability of funds, if earlier)                                      |
| No Yes If yes, when?  | Start Date: End Date:  |
| Do you currently have an active Appointment with SJSU?  No Yes  | All appointment's will be terminated within 5 business days of the end date. To                                  |
| If yes Start Date: End Date:  | continue the appointment please submit a reappointment form before the end date.                                 |
| Do you have any relatives working for any SJSU entity?  | Anticipated hours per week:  |
| ☐ No ☐ Yes If yes, name and department:   | Job Title:   |
| Department Name:  | Hourly Rate: \$ Exempt \Boxed Non-Exempt \Boxed  |
| Supervisor Name:  | Fund/Grant #:  |
| Supervisor Phone:   | Fund/Grant Name:   |
| Time Card Approver Name:  | Department Name / College / Division:  |
| Employee Signature:   | Account Holder Signature:  |
| Date  | Date   |
| Tower Foundation Human Resources Use Only   |  |
| Fringe Benefit: Job Code: WC Code:  |  |
| Tower HR Signature:   |  |
| Date  |  |