Returning Student Assistant
Employment Form

This form is to be used if we have a copy of your paperwork on file in the Payroll Office in Knapp Hall from prior employment on Work Study or Student Assistant Payroll

Student Name: _____

Social Security No. _____

SUNY ID No. _____

Home Address:_____ Apt. # _____

City: _____ State: _____ Zip Code:_____

Birth Date:_____ Phone No:_____

Student Signature:_____ Date:_____

Mailbox Number in Bouck Hall _____

Direct Deposit Reactivation

_____ Please reactivate my direct deposit, there have been no changes to my bank information.

_____ Please turn off direct deposit pay stubs – I do not wish to receive them.

Student Signature: _____

SUPERVISOR MUST COMPLETE THIS SECTION

Position: _____ Line Item: _____

Effective Date:_____ End Date:_____

Hourly Rate $_____ Account No: _____

Supervisor-PRINT NAME _____

Supervisor Signature: _____ Date:_____

Budget Holder Signature (If Needed) _____

Maximum Earnings for Student (ACADEMIC YEAR) _____