

## **Student Hire Request**

Empl ID:	Er	Empl Record:				Employee Type:					
Name: (Last, First, Middle)											
Job Code: Job			Begin Date:			J	Job End Date:				
Dept Name:						Dept #:			Pay Group:		
Campus:				Locatio	on:			Tax Locat	Tax Location:		
Hourly Rate: Sala			Sala	ary:				Annualized Rate:			
Supv Name:					Supv Empl ID:						
Full Address (If New Hire):											
Standard Hours:			Full-Time/Part-Time:				Last 4 of SSN:				
Marital Status:			Gender: Edu				ation:				
Home Phone:					USC Email:						
Has the I9 been completed in I9 Advantage?					Yes	No					
Accounting Information											
Operating Unit											
Department											
Fund											
Account											
Class											
Project											
Proj. Costings Bus Unit											
Cost Share											
Amount/% if Hourly											
Signatures (Please Route to Appropriate Area if Applicable)											
Department:									Date:		
Graduate School:										Date:	
Financial Aid:								Date:			
HR Ops/Services:									Date:		