

PLEASE COMPLETE:

STUDENT NAME: _____ EFFECTIVE DATE OF ACTION: ____/____/____

Address: _____ City/State/Zip: _____

Home Phone: () _____ - _____ Date of Birth: ____/____/____ Date of Initial Hire: ____/____/____

Employee ID (SS# if new employee): _____ Office Building: _____ Room #: _____ Ext: _____

PLEASE COMPLETE AND CHECK ALL THAT APPLY:

- New Hire Separation (Voluntary) Separation (Involuntary) Change Position Status Additional Position
- Rehire Dept or GL Change Change of Supervisor Rate Change

LOCATION: Bay Point Bristol Law School Providence Metro Center Tiverton

SCHOOL/DIVISION: _____ DEPT: _____

POSITION TITLE: _____

REPORTING SUPERVISOR: _____

Number of Hours: _____ Wage: \$ _____ per hour One Time Stipend: \$ _____

Temporary assignment length from: ____/____/____ to: ____/____/____

Funding Source/General Ledger Account Number: _____

** If more than one position or funding source is necessary, use Remark box below*

PLEASE COMPLETE AND CHECK ALL THAT APPLY:

Does the student have another position with RWU? Yes No
 If yes, is it work study? Yes No. If work study, how many hours _____. If it is not a work study position, please complete the following:

POSITION TITLE: _____; DEPT: _____; SUPERVISOR: _____ and,

HOW MANY HOURS PER WEEK HE/SHE IS WORKING: _____.

FOR SEPARATIONS:

Last day worked: ____/____/____ Termination Date: ____/____/____
 Reason for separation: _____
 Eligible for Rehire? Yes No

PAF PREPARED BY (Please print): _____ DATE: ____/____/____

Remarks	Authorizations	Date Signed
	Manager:	/ /
	Finance:	/ /
	Human Resources:	/ /

FOR PAYROLL USE ONLY

W-4 I-9 Processed by: _____