

Student Employment Programs Referral Form

MUST TURN INTO STUDENT EMPLOYMENT AND BRING REQUIRED DOCUMENTATION ON OR BEFORE START DATE!

Student Information

Last Name: _____ First Name: _____ University ID: _____

Contact Phone: _____ University E-Mail: _____

Attention Student: I verify that the above information is correct. I understand that before I can begin working, I will need to complete the required paperwork which includes an I-9 Form, direct deposit authorization, tax withholding forms, etc. By submitting my referral form, I authorize Student Conduct and Integrity to inform Student Employment Programs of my conduct standing with Indiana State University. I understand details of my conduct record will remain confidential; however, if I am in poor conduct standing I may be ineligible for employment.

Signature: _____ Date: _____

Job Information/Authorization to Hire

(SUPERVISOR USE: It is vitally important that this section is thoroughly completed, item by item. The student is not able to work in this position until all of the below information is completed. Referral forms received with incomplete information cannot be processed. The same person may sign both authorizations below.)

Is this position for Federal Work Study students only? Yes _____ No _____

Is this student eligible for Federal Work Study? Yes _____ No _____ Unknown _____

Does this position involve community service work for a nonprofit agency? Yes _____ No _____

Job Title: _____

Org Code: _____ Pay Expense Index: _____ Pay Rate/Hour: _____

*1 KRONOS Suffix (2-digit number): _____ Start Date (First date of work for pay): _____

*2 Hiring Proposal Number: HP _____

*3 Does Student Employment need to complete a Criminal Background Check (CBC) form on this employee? Yes _____ No _____

Intramural Voucher Expense Account Code (5-digit number to reimburse Human Resources for CBC expense) _____

Department Name: _____ Department Phone: _____

Department Authorization Name (print): _____
(department chair or administrative head)

Department Authorization Signature: _____ Date: _____

Supervisor Name (print): _____ Supervisor Phone: _____
(staff person who signs timesheet)

Supervisor Signature: _____ Date: _____

ATTENTION SUPERVISOR: *Student must return this completed referral form to Student Employment Programs (231 N. 6th Walkway) to get paid.*

*1 KRONOS Suffix: A 2-digit number required for all departments that are on the KRONOS (time keeping) system.

*2 Hiring Proposal Number: Hiring Proposal Number is generated when the hiring proposal has been submitted to Student Employment.

*3 Positions which require a CBC are: any employee who will be working with children and the elderly, handling currency, and those who will have access to confidential information. The department requesting a CBC will incur all charges. For more information regarding costs, please contact HR.

Student Employment Programs/Payroll Use Only

I-9 Validation: _____ Rate Validation: _____ Computer: _____ Drug: _____ FERPA: _____ CBC: _____