

Student Employment Request Form

Legal Name (Last, First): _____ DOB: ___/___/_____

Address: _____ Email Address: _____

_____ Units this Quarter: _____

Employee Organization: **(Failure to select one will default to "Yes")**

Do you want your home address released to the unions? Yes No

Employee Signature:

Department Use Only:

Department: _____ Job Title Code: _____

Supervisor: _____ Dates of Employment: ___/___/_____ to ___/___/_____

Rate: _____ Account/Fund: _____ Percentage: _____ Work

Study: Yes No If yes, award amount: _____

Currently employed on the UCI campus: Yes No If yes, where on campus: _____

Supervisor Signature:

Accounting Signature:

***Please remember to include job descriptions with submission of request form.**