

**California State University, Stanislaus Student Employment Hire/Rehire Form**

**Human Resources Form 105**

**(209) 667-3351**

This position must be posted with Human Resources at least five working days prior to completing this paperwork. The hiring area must verify student enrollment status prior to filling out this form. Courses that do not lead to a degree do not qualify for student employment. The student must take this form to the Human Resource office (MSR-320). A student may not begin employment and cannot be paid until he/she has completed and delivered employment documents to the Human Resource office.

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| **SECTION A: To be completed by Hiring Department** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please check one Appointment category and either “New Hire” or “Rehire”:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Academic Appointment (September – May)** | | | | | | | | | | | | **Summer Appointment (June – August)**   **New Hire**  **Rehire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Posting Number (REQUIRED)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title**  *(Please use exact title on Job Announcement)* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Student** | | | | |  | | | | | | | | | | | | | | | | | | **Student ID Number** | | | | | | | |  | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | **City** |  | | | | | | | | | | | | | **Zip Code** | | |  | | | | | | | | |
| **Telephone** |  | | | | | | | **Message Telephone** | | | | | |  | | | | | | | **Email** | | | |  | | | | | | | | | | | | | | | | | |
| **Hiring Department/Area** | | | | | |  | | | | | | | | | | | | | | | | | | | **Building** | | | | |  | | | **Room** | | |  | | | | | | |
| **Contact Person** | | |  | | | | | | | | | | | | | | | | | | | **Title** | | |  | | | | | | | | | | | | | | | | | |
| **Telephone** | |  | | | | | | | | | | **Email** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the student working in another area on campus?** | | | | | | | | | | | | | |  | | | Yes | |  | | | | No | | | |
| **If yes, please list the area and number of hours** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Student Assistants may not work in excess of a combined 20 hours per week)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Hire** | | | |  | | | | | **Classification (Please check one)** | | | | | | | | | | |  | | | | **1** | | | |  | **2** | |  | **3** | | |  | | | **4** | | | |
| **Salary (per hour)** | | | |  | | | | | | | | | **#** **of Hours (per week)** | | | | | | |  | | | | |
| **Name of Contact Person on Form 101** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Month & year of Form 101** | | | | | | | | | |  | | | | | | **Was the posting for a Spot Job?** | | | | | | | | | | | | | | | |  | | | | Yes | | |  | | No | |
| *Supporting documentation (i.e. duties statement and/or student work history) shall be on file in the hiring area for review by the dean, vice president, or appropriate administrator upon request.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department/Area Payroll Account Number** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Authorized Time Keeper\* Signature** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | |  | | |
| **Approving Manager\* Signature** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | |  | | |
| ***\*****Time Keeper and Approving Manager are those who have been given PeopleSoft/CMS security access to review and approve time worked.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION C: To be completed by Human Resources and Budget Office (CMS Position #)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enrollment Verified/Job Code** | | | | | | |  | | | | | | | | | | | | | |
| **CMS Position #** | | | | | | |  | | | | | | | | | | | | | |
| **HR Signature** | | | | | | |  | | | | | | | | | | | | | | **Date** | | | | |  | | | | | | | | | | | | | | | | | |