

# STUDENT TEMPORARY SERVICE APPOINTMENT\*

TO: Payroll Office

Date: \_\_\_\_\_

FROM: \_\_\_\_\_ Department Function Number: \_\_\_\_\_  
(Chairperson's Signature)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: Student Assistant Hourly Rate: \_\_\_\_\_ Hours per week \_\_\_\_\_

Term of Employment from \_\_\_\_\_ to \_\_\_\_\_

Encumbrance, Current Fiscal Year\*\*: Hours \_\_\_\_\_ x Rate \_\_\_\_\_ x Weeks \_\_\_\_\_ = \_\_\_\_\_

Remarks: \_\_\_\_\_

**\*PLEASE ATTACH W4 FORM**

RETAIN YELLOW COPY - FORWARD WHITE COPY TO THE PAYROLL OFFICE

**\*\*FISCAL YEAR ENDS MARCH 31**

<i>Office Use Only</i>
Line # _____
Remarks _____
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