

SUNY OSWEGO
STUDENT ASSISTANT TEMPORARY SERVICE APPOINTMENT FORM

TO: Payroll Office

Date _____

Student Name

Student Social Security Number

Direct Supervisor's Signature

Direct Supervisor's Printed Name

Department Name

Department Function Number

Hourly Rate

Hours Per Week - 20 hours maximum when classes are in session,
29 hours maximum when classes are not in session.*

_____ to _____
Term of Employment : Start Date End Date

FOR NEW HIRES ONLY – YOU MUST ATTACH FORMS: I-9 / W4 (federal) / IT-2104 (state)
FORWARD TO THE PAYROLL OFFICE WITHIN THREE DAYS OF HIRE