

**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**