

# COLLEGE OF MOUNT SAINT VINCENT

## RETURNING STUDENT HIRE REQUEST FORM

This form must be completed and the student approved for employment by HR before the student begins work

**STUDENT**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

STUDENT ID #: - \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

GENDER: MALE                      FEMALE                      EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The signature below acknowledges receipt of the College of Mount Saint Vincent Student Employment Policy.

Signature: \_\_\_\_\_

**SUPERVISOR**

Supervisor Name: \_\_\_\_\_ Department Organization # \_\_\_\_\_

Department: \_\_\_\_\_ Budget Year: \_\_\_\_\_

**\*12 Hours Maximum allowed to work during Fall and Spring semesters\***

	Fall August to December	Spring January to May
Estimated Hrs/Wk	_____	_____
Stipend Amount	_____	_____
Total Hours/ Semester	_____	_____

Total \$ Allotted: \_\_\_\_\_

<b>Facilities Department Escort</b>	<b>Community Service</b>	<b>Admission Tour Guide</b>
<b>Commuter Assistant</b>	<b>Lab Assistant</b>	<b>Dolphin Dialer (Seasonal)</b>
<b>Desk Assistant</b>	<b>Campus Events Staff</b>	<b>Game Day Event Staff</b>
<b>Student Event Staff</b>	<b>Office Assistant</b>	<b>Team Manager</b>
<b>Help Desk Phone Support Agent</b>	<b>Tutor in ARC</b>	<b>Fitness Center Manager</b>
<b>Help Desk Technician</b>	<b>No-Bookstore Assistant</b>	<b>Student Athletic Trainer</b>

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Vice President of Area Signature/Date

\_\_\_\_\_  
Budget Manager Signature/Date