## $\textbf{The University of Vermont} \quad \text{$^{\text{MEDICAL STUDENT}}$ Temporary Hourly Employee Form }$

Print / Complete / Sign / Send to HRS (Waterman 228) or Scan & Send via uvm.edu/filetransfer to HRSinfo@uvm.edu

UVM STUDENT STATUS MEDICAL STUDENTS DO NOT CHECK EITHER BOX											
□ Not Enrolled □ Graduate Student Undergraduates – DO NOT USE THIS FORM – Hired via Student Employment Office											
EMPLOYEE INFORMATION - To Be Completed by the Employee											
If current/previous employee <b>PeopleSoft ID#</b> (7 digits)						DATE OF BIRTH					
FIRST NAME						LAST NAME, MI					
SEX □ Female □ Male					SSN						
PERMANENT MAILING ADDRESS (This is where your W-2 will be mailed)						ON CAMPUS ADDRESS					
STREET						BUILDING NAME					
CITY, STATE, ZIP						DEPT. NAME, ROOM NUMBER					
ARE YOU A CITIZEN, PERMANENT RESIDENT, OR REFUGEE?						□ Yes □ No*					
*If "No," you must register with the Office of International Education (OIE) BEFORE any paperwork is to Human Resource Services. Call OIE at 802-656-4296.											
VISA TYPE	PE DATE ENTER				RED USA	VISA E DATE			EXP.		
I CERTIFY THAT THE INFORMATION PROVIDED IN THE EMPLOYEE INFORMATION SECTION IS TRUE AND ACCURATE.											
EMPLOYEE SIGNATURE DATE											
POSITION INFORMATION – To be Completed by the Department Representative											
Select One Job Code: See <u>Temp Employee Job Codes and Summaries</u> for details on types of temporary employees.											
☐ Temp Hourly Employee: Job Code 0996 ☐ Temp Grad Employee: Job Code 1012 ☐ Temp Service/Maintenance Employee: Job Code 1011											
Dept.							Combo Code				
<b>Business Unit</b>	Code (5 digits)	Record	#	Start Dat	te End	d Date	e Pay Rate			(9 digits)	
REQUIRED ATTACHMENTS:											
□ I-9 Attached or □ I-9 on File *											
□ W-4 Attached □Signed Offer Letter Attached  *All appleves that have had a "breek in complex" since lest appleved MUST complete a new LO form											
*All employees that have had a "break in service" since last employed MUST complete a new I-9 form.  Indicate working title desired for UVM directory:  If no working title included the director will indicate the system title associated with the job code.											
PeopleAdmin Posting # (If Applicable)											
Supervisor's Signature					Supervisor's Employee ID#				Superviso	r's e-Mail	
Department					Supervisor's Phone #				Date Subr	nitted	
Departmental Use Only (optional) — HRS and Payroll use the Combo C										inticu	
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† Chartstring: Acct Op Unit _ Dept Fund Source Function Project Prog Purp Prop											