

STM

St. Thomas More College

EMPLOYEE/STUDENT ASSISTANT INFORMATION

*(TO BE COMPLETED BY FACULTY MEMBER/UNIT HEAD/SUPERVISOR AND RETURNED TO
BUSINESS OFFICE UPON COMMENCEMENT OF EMPLOYMENT)*

EMPLOYEE NAME: _____

EMPLOYEE PHONE NUMBER: _____

DATE HIRED: _____

RATE OF PAY: _____

HIRED BY: _____

DEPARTMENT: _____

EXPECTED LENGTH OF EMPLOYMENT:

TERM 1 (SEPT – DEC) _____

TERM 2 (JAN – APR) _____

OTHER (please indicate) _____

AUTHORIZED BY: _____
(Faculty/Staff Member's Signature)

FOR OFFICE USE ONLY:

Date Received: _____

TD1 and TD1SK Included: Yes (____), No (____)

Follow-Up Date: _____

Notes: