

Student Employment Eligibility: Must be enrolled in a degree program and must be enrolled at least half time (at least 6 undergraduate credits or at least 3 graduate credits). Students who have not worked for the University before OR have not worked for the University in the past 12 months must complete the Federal I-9 form within 72 hours of their first day of work.

Part 1: Student Section

Name: _____ MaineStreet ID: _____
 Birthdate: ____/____/____ Email: _____
 Are you a University of Maine (Orono) student? Yes No If no, what is the name of the school you are attending: _____
 * If no, proof of student status (enrollment) **must** be supplied to your employer.

Part 2: Department Information

Department Name: _____ Department Code: _____
 Department Address: _____
 Supervisor: _____ EMPL ID: _____ Tel #: _____
 Payroll Processor: _____ Tel #: _____
 Time Approver: _____ Tel #: _____

Part 3: Job Information

New Hire *If student has not worked for UMaine in the past 12 months, they will need to complete an I-9 in the Student Employment Office .
 Returning **Additional Position with department** * For a change to an existing position, please complete a Student Employment Change Form

Effective Date: _____ **Position is:** Work Study Regular
Work Study Amount (if applicable): _____
Use Free Match? Yes No **Does position involve non-profit community service?** Yes No
 Department 10 Digit Accounting ID: _____ Dynamic Group: _____
 Chartfield Combination: _____ - 53300 - _____ - _____ - _____
 (Department ID) (Class) (Fund) (Program) (Project)
 Job Title: _____
 Job Code: _____ Step: I II III IV Hourly Rate: _____

Any University of Maine staff or faculty that manages student employment agrees to abide by all University of Maine student employment regulations. By signing below you agree to ensure that the student employee listed below has completed all required paperwork (including the Federal I-9 form if required) and that the student will not be scheduled to work during their academic courses.

Payroll Processor's Signature _____ Check if also Supervisor Date _____

Supervisor's Signature _____ Date _____

I, the student, have read and agree with all payroll requirements, student employment eligibility requirements, the job title, and wage rate as listed above. I agree to complete all of the required student employment paperwork and trainings, and to provide my supervisor with a copy of my academic class schedule.

 Student's Signature Date