



Return all paperwork to Human Resources, 219 Raymond Hall  
(Must be enrolled in SUNY classes during period of employment)

Rev 07/20

**To be completed by student**

Name \_\_\_\_\_ US Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(First, Middle Initial, Last \*\* (Must Match Social Security Card))

US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Country of Citizenship \_\_\_\_\_

Legal Home Address (not PO Box) \_\_\_\_\_  
(Number, Street, APT#) (Town) (State) (Zip Code)

Other Address (PO Box or other) \_\_\_\_\_  
(Number, Street, APT#) (Town) (State) (Zip Code)

Phone Number \_\_\_\_\_ Campus Email \_\_\_\_\_

Gender Identification: M \_\_\_\_\_ F \_\_\_\_\_

Race: American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African

Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_

American \_\_\_\_\_ Native Hawaiian & other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Highest **Completed** Level of Education: High School \_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ BA \_\_\_\_\_ MA \_\_\_\_\_ MS \_\_\_\_\_  
Name of College \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Veteran Status:** Non Veteran \_\_\_\_\_ Active Military Duty \_\_\_\_\_ Active National Guard \_\_\_\_\_ Active Reserve \_\_\_\_\_ Active Duty or Campaign  
Badge Veteran \_\_\_\_\_ Armed Forces Service Medal Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Not a Protected Veteran \_\_\_\_\_ Other Protected  
Veteran \_\_\_\_\_ Special Disabled Veteran \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_

New York State Employees' Retirement System (NYS ERS) - **Select one:**

\_\_\_\_\_ I am **currently** a member of New York State Employees' Retirement System

\_\_\_\_\_ I would like to **join** the New York State Employees' Retirement System (**You will be sent information separately**)

\_\_\_\_\_ I choose **NOT** to enroll at this time; I **understand that I am eligible to join** the New York State Employees' Retirement System.

Direct Deposit:

\_\_\_\_\_ I would like to enroll in direct deposit. (**Enrollment form is required and available in HR or visit Student Employment Webpage**)

\_\_\_\_\_ I was previously enrolled in direct deposit. (**Please contact HR for any account changes**)

\_\_\_\_\_ I do **NOT** want direct deposit

\*\*\*\*\* I certify these answers are correct to the best of my knowledge and ability.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Important campus policies as well as the Student Employment Handbook are available on the Student Employment web site:

<http://www.potsdam.edu/offices/hr/student.cfm>

**To be completed by department**

Account Nickname/Distinguishing Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Allocation: \_\_\_\_\_

Account #: \_\_\_\_\_

Minimum wage: \$13.20 12/31/2021-12/30/2022

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(Signature of dept head/budget approval)

\_\_\_\_\_  
(VP Signature)

\_\_\_\_\_  
(Approving Supervisor Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Printed name)

**PAYROLL USE ONLY**

Award Amount \$ \_\_\_\_\_ Family Income Code \_\_\_\_\_

FICA Status: Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_

HIR \_\_\_\_\_ CCH \_\_\_\_\_ REH \_\_\_\_\_ Active \_\_\_\_\_ EMPL# \_\_\_\_\_ PR# \_\_\_\_\_

W4 \_\_\_\_\_ IT-2104 \_\_\_\_\_ I-9 \_\_\_\_\_ Line # \_\_\_\_\_

SUNY ID \_\_\_\_\_ Personal Info \_\_\_\_\_ SUNY HR \_\_\_\_\_ Distribution \_\_\_\_\_ TAS \_\_\_\_\_ Retirement \_\_\_\_\_ DD \_\_\_\_\_ Mail Drop \_\_\_\_\_