

Central Business Services Office

SOJC Student Employment Sign-Off Form

A position description is required for each new hire.

New Hire Change		ange (Reason)		
Supervisor's Section				
Student Name		UO ID#		
/Account Index / Activity Code	Timesheet O	Drg Home Org	Type of pay	□ Work-Study □ Tech-Work □ No Aid
Job Title	Pay Rate	Job Begin Date		
Supervisor's Printed Name		Supervisor's UOID#	Supervisor's UO E-mail	
Supervisor's Signature Department Budget/Grant Authority Section		Date	Supervisor's Position # <i>(if known)</i>	
Employment of this student as desc	ribed above ha	s been approved.		
Department Budget/Grant Authority Signature		Date	Date	
Student Section U.S. citizen? □ Yes □ No *If no: □ Resident Alien □Non-Resident Alien Which country?				
UO E-mail	_@uoregon.edu	I		

*Please read this agreement before signing

I accept the responsibility for monitoring my hours and will not exceed the agreed-upon wage and hour limit above unless prior department approval is granted. I understand that the <u>payroll period is from the 11th of the month through</u> the 10th of the following month. The payroll deadline each month is 5:00 p.m. on the 10th (or if payroll is closed, the next workday following), and I am responsible for making any necessary arrangement to ensure that my timesheet is signed by my supervisor and myself. If my timesheet is late, I will make every effort to submit my timesheet as soon as possible past the due date.

Student's Signature