

**COLLEGE OF SOUTHERN IDAHO**  
**WORK-STUDY PAYROLL NEW HIRE NOTICE**

newhire.doc Rev 05/03/11

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**FULL LEGAL NAME** as Shown on Social Security Card – Social Security card **MUST** be provided

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

**Are you a CSI Student Currently enrolled in 6 or more credits?**      **YES** \_\_\_      **NO** \_\_\_

The Following data is for statistical analysis with respect to the success of our affirmative action program.  
**SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Please check only one.

Do you consider yourself to be Hispanic/Latino?  
\_\_\_ Yes    \_\_\_ No

- Select one or more of the following racial categories to describe yourself
- \_\_\_ American Indian or Native American
  - \_\_\_ Asian
  - \_\_\_ Black or African American
  - \_\_\_ Native Hawaiian or Other Pacific Islander
  - \_\_\_ White

If you have a disability for which you now require an accommodation, please see your supervisor or contact the Human Resource Office.

*I understand that if my timesheet is not completed, signed and turned into my supervisor by the due date it could be returned to my supervisor for correction/completion which could result in the delay of my paycheck being processed until the following month.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**TO BE COMPLETED BY HUMAN RESOURCE**

Position/Job Title WORK-STUDY      Average Hours of work per week \_\_\_\_\_

Start Date \_\_\_\_\_      Hourly Rate of Pay \$ \_\_\_\_\_

Dept \_\_\_\_\_      Dept.  STATE 87-8705      Account \_\_\_\_\_  
Name: \_\_\_\_\_      Number:  FEDERAL 85-8560      Number: 5501

- Worker's Compensation      All employees
- FICA/Medicare      All employees EXCEPT CSI students w/6 or more credits

**NOTE:** The employment relationship with the College of Southern Idaho is based on the mutual consent of the employee and the employer. The relationship can be terminated at will any time.

\_\_\_\_\_  
**Human Resource Signature**

\_\_\_\_\_  
**Date**