

Student Appointment Form

To be completed by Manager

NEW EMPLOYEES MAY NOT WORK UNTIL THEY HAVE BEEN AUTHORIZED BY TOWER HUMAN RESOURCES

Federal law requires Tower Human Resources to attest, under Tower Foundation employees are not employees of the state penalty or perjury, that new hire's (1) identity and (2) legal authority Employees who work on Tower Foundation projects are considered to work has been examined and verified temporary employees under the California State Education Code Section 89900(c). ☐ New Hire* ☐ New Account / Account Change Reappointment Other Check One: *New Hire: Detailed job description MUST accompany this form. EMPLOYEE INFORMATION Student Assistants must present proof of enrollment for each academic period enrolled (it MUST show the student's name and total number of units enrolled for that period). M.I. SJSU ID: _ Registered Student: Date of Birth: _____/____ Undergraduate (FICA exempt = 6 units) Graduate (FICA exempt = 4 units) Home Address: ____ Expected graduation date: Month ______ Year ____ _____ State: _____ Zip: _____ Student Assistants can work up to 20 hours during school and 40 hours during break and one term after graduation Cell Phone: (______ - ____ -Nonresident Alien (NRA) applicable to F1 / J1 unit requirements same as U.S. Citizen: Yes No If Not, type of Visa: Employees must have a Social Security Number at time of hire. If you currently do not, please contact TowerHR@sjsu.edu. APPOINTMENT PERIOD EMPLOYMENT INFORMATION Has Employee previously worked for the Tower Foundation? (Maximum one year or availability of funds, if earlier) ___ End Date: ___ No Yes If yes, when? Do you currently have an active Appointment with SJSU?
No Yes All appointment's will be terminated within 5 business days of the end date. To continue the appointment please submit a reappointment form before the end If yes Start Date: _____ End Date: ____ Anticipated hours per week: _____ Do you have any relatives working for any SJSU entity? ☐ No ☐ Yes If yes, name and department: _____ Job Title: _____ Department Name: Hourly Rate: \$ _____ Exempt \(\bigcap \) Non-Exempt \(\bigcap \) Supervisor Name: ____ Fund/Grant #: Supervisor Phone: ___ Fund/Grant Name: Time Card Approver Name: _____ Department Name / College / Division: _____ Employee Signature: Account Holder Signature: Date Tower Foundation Human Resources Use Only Fringe Benefit: _____ Job Code: ____ WC Code: ____ Payroll/Tower Employee #____ FICA Exempt: \(\subseteq \text{No} \subseteq \text{Yes} \) Tower HR Signature:

> DocuSign or Wet signatures required. ndation HR in Clark Hall, Suite 300, San Jose, CA 95192-0183 | (408

Date