

Sponsored Research
Student Worker Employment Form

California University of Pennsylvania
Office of Payroll

Student's Information

Name _____ CWID _____
Last First M.I.

Address: _____
Street Address Email Address

_____ *City State Zip Code*

Program Information

Grant Program Title _____
Project Director _____ WBS or Cost Center # _____

Salary Information

Employment Period: _____ to _____

Compensation Type: Hourly Or Stipend

If Hourly Compensation:

If Stipend:

Maximum of _____ Hours @ \$ _____ per Hour Stipend Amount _____

If hourly compensation, the program director must provide the payroll office with a completed timesheet for each pay period.

Position: _____

Student Duties: _____

Approval

Employee Signature: _____	Date: _____
Project Director's Signature: _____	Date: _____
Grants Accounting Signature _____	Date _____

ATTENTION SUPERVISORS:

YOU MUST RECEIVE A COPY OF THIS FORM STAMPED BY THE PAYROLL OFFICE BEFORE YOUR EMPLOYEE MAY BEGIN WORKING. THIS ENSURES THAT THE EMPLOYEE HAS COMPLETED ALL NECESSARY EMPLOYMENT FORMS PRIOR TO BEGINNING HIS/HER WORK OBLIGATIONS.

