

Student Personnel Notification Form

Please PRINT & fill out bolded areas

Location VT DC

Contact Information:
 (Email or Phone Number other than SIT)

Please check if you have **NEVER** been employed previously at SIT as a student.

Please check if this is an address or termination change only

Please check if signing up for direct deposit

Name _____
First Middle Initial Last

Permanent Address _____
(Non- SIT Address) (Non- SIT Address)

City _____ state _____ zip _____ county _____

Citizenship

1. Are you a U.S. Citizen? Yes No

2. If answer is “no”, are you a U.S. registered alien? Yes No

3. If answer is “no”, what type of visa do you have? F-1 J-1 M-1 Other (please specify)

Projects:

FWS Non Com Service Prgm/Admin
 50263/NA/40100/FEDWRKSTDY

FWS Community Service Other
 50261/NA/40100/FEDWRKSTDY

FWS Com Service America Reads
 50261/NA/40100/FEDWRKSTDY

FWS Com Service America Counts
 50261/NA/40100/FEDWRKSTDY

SWO Student Work Op Prgm/ Admin
 50262/NA/40100/FEDWRKSTDY

NonFederalWorkStudyAccountNumber: _____

FINAID Dept. use only: Date _____

Signature _____

\$ _____
 Awarded Financial Aid

Supervisor Section Please Print

New Hire Terminate Additional Job

Job Title _____

Department _____

Supervisor _____

Supervisor Signature _____

Proxy Signature _____

A. FWS/SWO/NWS (option 1)

Hourly Rate of Pay _____

Start/End Date _____ to _____

-----OR-----

B. Contract (option 2)

Total Amount & Hours \$ _____ & Hrs. _____

Contract Start/End Dates: _____ to _____

Comment
