



NYU DENTISTRY

Office of Human Resource & Faculty Services,
137 East 25th Street, New York, NY 10010
212-998-9810 – version 2021-06-21

STUDENT EMPLOYEE HIRE FORM (For Codes 118, 218, 119 and 219) (FORM 10- version 2019) MUST BE SUBMITTED EACH SEMESTER

Date received
by OHRFS:

Please forward this completed form together with a completed **Temporary Personnel Requisition** form and the approved **On-Campus Student Employee Application** to the Office of Human Resources and Faculty Services, at least two weeks before the anticipated start date.

Please check the appropriate box: New Appointment Reappointment/ Extension
Term for this appointment: Fall Spring Summer

PERSONAL INFORMATION

First name Middle Name Last Name

Home address City State Zip

Email Address:

Contact Information:

University ID

WORK HISTORY

Has the student worked for NYU previously: No
 Yes, currently, # of Hrs/Wk: _____
 Yes, but not currently

If Yes, what Office/Department and include Name of Supervisor and phone extension

HIRING DEPARTMENT INFORMATION

Department:

Position/Title

Supervisor

Work Address:

Start date

End date

Federal Work Study (FWS) Award Amount (if applicable) \$

MyTime Approver and Extension

MyTime Approver Net ID

COST CALCULATION OF TOTAL STUDENT EARNINGS

1. Please complete **Part I** to compute the **Regular Non-FWS Cost (Code 119)**
2. If the student is on work study, please complete **Part II** as well to calculate the **FWS Cost (Code 118)**

PART 1 Regular Non-FWS Cost (Code 51119, 51219) What is the Hourly rate \$	Multiply by Hours per week	Multiply by Number of weeks	Input Total Calculated Cost (A)
Part II – Federal Work Study Calculation Note: The (B) FWS Cost (Code 51118, 51218) must be equal to or less than the FWS Award Amount. *	Input from A above	Multiply by 25%	Total FWS available: \$

Chartfield to be charged: Student Account (Input the appropriate one): Undergrad / DDS student – **51119**, Graduate student – **51219**, Workstudy Undergrad / DDS student - **51118**, Workstudy Graduate student - **51218**

Account	Fund	Org	Program	Project
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HIRING DEPARTMENT INFORMATION

Name of Requestor:

Phone Extension

AUTHORIZATION

1. Signature of Supervisor		Date:
2. Signature of Manager, Business Operations (Required for all Fund 24 / 25 grant requests)		Date:
3. Signature of Budget Manager, Business Operations (Required for all requests)		Date:
4. Signature of Fiscal Officer – Finance and Business Operations		Date: