Hamilton College
Employment Authorization

PLEASE READ:
-This form and the required payroll forms must be completed. Incomplete forms will result in the entire employment packet being returned.
-Submit all forms to Human Resources no later than the first day of employment in order to assure timely payment of wages earned. (See "Student or Summer Employment Calendar" on the Human Resources web site for deadlines.)

Please indicate type of employment (check all that apply):

❑ Hamilton Student (Academic Year only) ❑ Non-Hamilton student ❑ Summer ❑ Temporary

TO BE COMPLETED BY THE EMPLOYEE

- ***IF YOU ARE A NEW STUDENT YOU MUST ENROLL IN DIRECT DEPOSIT.***

Name _____Campus Mailbox # _____
(Please print name exactly as it appears on your Social Security Card and include copy of Social Security card.)

Mailing Address - Street _____City _____State _____ Zip_____
(International students do not need to complete mailing address section)

Social Security No. _____ Date of Birth _____Class Year _____

Check Appropriate Boxes: ❑ Single ❑ Married ❑ Male ❑ Female

Please check appropriate status:

1. ____ US Citizen
2. ____ Green Card Holder
3. ____ International (Non-resident Alien)**
   (Attach copy of work authorization.)

** If #3 is checked, please contact Human Resources about filling out appropriate paperwork.

Previous Hamilton Employment:

❑ Yes *Date: _____
❑ No*

***If "No" is checked, or the last date of employment was prior to January 2009, please complete and submit all payroll forms (W-4, IT-2104, I-9, Direct Deposit and copy of Social Security card) no later than the first day of employment. These forms are available in the Payroll Office or on the Human Resources web site.**

TO BE COMPLETED BY THE SUPERVISOR ❑ **NEW EMPLOYEE** ❑ **REHIRE** ❑ **CHANGE**

Effective Dates of Employment/Change: From: ____/____/____ To: ____/____/____
Month/Day/Year Month/Day/Year

Pay Rate _____ ❑ Hourly ❑ Weekly ❑ Monthly ❑ Other _____
(Refer to Student Wage Guidelines or contact Human Resources, ext. 4688)

1. Total Amount to be Paid (If Weekly/Monthly/Other) _____
2. Department/Grant Name/Camp _____
3. Job Title _____
4. Budget Line Number_____

Supervisor's Signature _____Print Name _____ Date _____

For Office Use Only
Payroll Status:____ Taxes:____ Direct Deposit:____ Entered:____

HR/Payroll
March 2010