

AMHERST COLLEGE

Student Employment Appointment

Appointee Information

Student Employee's Name _____
(Last) (First) (Middle)

Student I.D. Number _____

Department Association of Amherst Students *****
(Name) (Account Number to Charge)

Student Employment Position Title _____

New or Additional Appointment

Start Date _____ End Date _____

Hourly Rate \$ _____

If Appropriate: REF or Project Number _____

Principal Investigator _____

Grant Number/Name _____

Change of Hourly Wage Rate

Hourly Wage Adjustment: From \$ _____ per hour To \$ _____ per hour

Effective Date _____

Reason _____

Separation

Last Day Worked _____

Reason ☐ Resignation ☐ Involuntary ☐ Other: _____

Approvals

Department _____ Date _____
(Department Head or Chair)

Financial Aid _____ Date _____
(Financial Aid Officer)

Office Use: ☐ NFAC ☐ ETAX ☐ XWAG ☐ ADAP ☐ SPAP ☐ CPPI ☐ EPRJ ☐ PWSC ☐ OFFI

Completed: Initials _____ Date _____