

New Hire Form – Temporary **TANF** Student Workers

Name _____

Position **TANF Student Worker**

Address _____

Supervisor _____

Work Site _____

Phone _____

Work Site Address _____

S.S. # _____

Part Time: Yes

Retirement System: SERS

1'st Day of Work

Last Day to Work

Hours Per Day

Days Per Week

_____ *Can't be prior to 7/1/19*

6/30/20

As Needed

Authorizing School Official Signature

Date

Salary Information
(Payroll use only)

Time Slips Y N

Budget Account Code:

Hourly Rate \$10.00

502 - 1270 - 172 - 9519 100 %
DAYS worked through 9/30/19

1st Day of Work _____ *Can't be prior to 7/1/19*

Last Day of Work 6/30/20

502 - 1270 - 172 - 9520 100 %
DAYS worked beginning 10/1/19

1st Pay _____

Last Pay _____

JOBSCN: Pay Group: 18 Calendar: DEF Bldg Code _____

BIOSCN: Code 1 NA Code 2 12 Text: 999 Temp Student

DEDESCN - STATE: ODJFS Wage Reporting: N
NOT eligible for unemployment

Type of Contract: Temporary Student Worker

Board Meeting Approval: _____

<input type="checkbox"/>	Classified Alpha SS
<input type="checkbox"/>	Classified Budget SS

(cfo share folder/forms-hiring/TANF student worker new hire 10.1.19.docx)