

Central Business Services Office

DSGN Student Employment Sign-Off Form

A position description is required for each new hire.

□ New Hire	🗆 Cha	ange (Reason)			
Supervisor's Section						
Student Name			UO ID#			
/ Account Index / Activity Code	Timesheet O)rg	Home Org	Type of pay	□ Work-Study □ Tech-Work □ No Aid	
Job Title	Pay Rate		Job Begin Date			
Supervisor's Printed Name		Supervisor's UOID#		Supervisor's UO E-mail		
Supervisor's Signature Department Budget/Grant Authority Section		Date		Supervisor's Position # <i>(if known)</i>		
Employment of this student as desc	ribed above ha	s beei	n approved.			
Department Budget/Grant Authority Signature Date						
<u>Student Section</u> U.S. citizen? □ Yes □ No			t Alien _□ Non-Re			
UO E-mail	_@uoregon.edu	I				

*Please read this agreement before signing

I accept the responsibility for monitoring my hours and will not exceed the agreed-upon wage and hour limit above unless prior department approval is granted. I understand that the <u>payroll period is from the 11th of the month through</u> the 10th of the following month. **The payroll deadline each month is 5:00 p.m. on the 10th (or if payroll is closed, the next workday following),** and I am responsible for making any necessary arrangement to ensure that my timesheet is signed by my supervisor and myself. **If my timesheet is late, I will make every effort to submit my timesheet as soon as possible past the due date.**

Student's Signature