College of Design
Undergraduate Hourly Employee Form
(College use only)

Please print (legibly). To be filled out by Supervisor and Student.

Student Name: _____ _____ _____
(Last) (First) (ISU ID #)
Supervisor: _____ Department: _____

Appointment Information:

Work-study _____ URA (attach copy of URA form) _____ Regular Hourly _____

10 hours/week ____ 20 hours/week _____ Other – Explain _____

Hourly Rate of Pay: _____ Total Amount to be paid: _____

Dates of employment: _____ to _____

Source of Funding and Description of work to be done:

Are you currently employed at ISU? Yes □ No ■

If **Yes**, where are you employed and how many hours per week? _____
Total hours of all jobs cannot exceed 20 hours during the school year - this position will not pay overtime.

If **No**, student cannot begin working until payroll signup has been completed with Office of Human Resource Services, Room 3810 Beardshear Hall. You must pick up a Temporary XH Payroll Enrollment form from 146 Design to take with you to the payroll signup.

Instructions for submitting hours worked: Timesheets must be turned in no later than the 1st and 16th of each month (if these dates fall on the weekend, the next working day is acceptable) and should only be for the two week period and not for any previous period. Timesheets **MUST** be signed by the supervisor named on this form in order to be accepted for payroll entry. Timesheets are to be submitted on a The Student Employee Wage-Hour Report which can be found on the ISU Payroll Office website at www.controller.iastate.edu/payroll/forms.htm.

Please sign that you have read and agree with the above information. Work cannot begin until this form has been reviewed and approved by the respective department. Also, if there are to be any changes to the employment status (i.e. termination, hours working, dates), you agree to provide this information to the payroll staff in the College of Design prior to the change.

Signature of Supervisor: _____ Date: _____

Signature of Student: _____ Date: _____

To be filled in by department. Account # _____ Approved by _____

Copies: Supervisor __ Student __ (Original retained by payroll staff)