

Student Employment Form - College of Architecture, Art and Planning

Section 1 - To Be Completed By Student Please note: If you do not have a social security number, you must contact ISSO to obtain one.

Please return completed form into the AAP Business Service Center, 140 E. Sibley Hall

Student's Full
Legal Name:

Net ID:

Student ID #:

Other Department(s)
currently working for:

Anticipated
Graduation Date:

Please check all
that apply:

Undergrad Student

Grad/Ph.D Student

Federal Work Study

Direct Deposit for Payroll

Will you be
performing any
work off
campus?

No, all work will be performed on the Ithaca campus or in Rome for the Rome Program

No, all work will be performed on the NYC Campus for the AAP NYC Program

Yes (if yes, please complete Section 3 of the form for Off Campus details with your supervisor)

I certify the
following for this
position:

I have received confirmation from the AAPBSC that I am eligible to begin working.

I am currently registered and active in a full-time, degree seeking program and I am not being paid for these hours via a stipend (required in order to be hired as a student worker.)

I understand that in order to be paid for hours worked I am responsible for using the KRONOS time clock at the beginning and ending of each of my shifts. If I miss a punch, I will immediately notify my supervisor.

If applicable, you will be paid overtime at the rate of 1.5 times your hourly rate for hours worked over 40 in a pay week (Thursday - Wednesday). If you have two or more appointments at the University your overtime rate will be 1.5 times the weighted average of your hourly rates. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending upon the number of hours worked at each rate of pay.

Student
Signature
(Required):

Date

Section 2 - Required to be completed for student remote work arrangement: Please note: This is required to be completed if the student will work anywhere off campus (i.e. not on Ithaca Campus, NYC Campus or Rome, Italy).

Start date of
remote work
arrangement:

End date of
remote work
arrangement:

Number of hours
per week:

Location of
remote work site:

Form and frequency of contact/interaction
between the supervisor and student
employee:

Work to be
completed:

Other Details (if
applicable)

Method of measuring
productivity and quality of
work completed:

It is expected that the student employee conduct themselves in a professional manner at all times, reflecting respect and responsibility in their position of employment, while complying with all university policies and procedures.

Section 3 - To be Completed by Supervisor (Time Card Approver): Please note: [The student may NOT work or log any hours on their time card before their anticipated start date or after their termination date without approval from the AAPBSC and the department's administrative manager.](#)

Start Date: _____ End Date _____

Note: The start and end dates may need to be modified based on employment eligibility. The AAPBSC will contact you if this is the case. All students will have their employment ended at the end of the Spring Semester.

Average # of hours student will work: **Note: Total Student hours cannot exceed 20 per week across all jobs while classes are in session**

Account #
or
Description:

Type of Work (Choose One):	Administrative Assistant Labor/Facilities Assistant	Art/Entertainment Assistant Computer Assistant	Research/Lab Assistant Academic Service Assistant
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Description of Responsibilities:

Hourly Rate: \$11.00 -- Level I - No previous work experience required
 \$11.85 -- Level II- Requires basic skills acquired through previous work experience
 \$12.90 -- Level III - Moderately developed specific skills, significant work experience
 \$15.05 -- Level IV - Highly developed specific skills, management of an area or supervising others

I understand I am responsible for approving the student time card every two weeks by the established deadline.

Supervisor Signature: _____ Net ID: _____ Date: _____

Section 4 - To be Completed by AAP BSC at time of Form Submission

Date Eligible to Work :	Date NOT Eligible to Work:	
Date I-9 Faxed to Student Employment :	Processing Checklist:	Student Notified Not to Work Supervisor Notified Not to Work Supervisor Notified Student is eligible to work

Sr. Serv Assoc Approval/Initials: _____ KRONOS Access: _____ Clock Web Both _____ FWS Amount: \$ _____

Entered into Workday Date: _____ Pay Rep Group : A0 _____ Job # _____

Position #/Level:

Checklist:	Kronos Device Kronos Timecard Add Supervisor/Student to e-mail Log	Add Supervisor to Kronos E-mail request for Web Access E-mail Employment Info to Student
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Employee Badge Number:

Termination:

Term Date: _____ Processed on (Date): _____ Removed from e-mail log