

NORRIS UNIVERSITY CENTER

Student Employment Packet

RETURNING EMPLOYEE

(HAVE WORKED ANY JOB AT NU IN THE LAST 6 MONTHS)

Carefully read the instructions below and complete all listed forms. Ensure that all information is complete and turn in your packet **before working your first shift**. *Missing information will delay your paycheck and may prevent you from working.*

Personal Data Form

- Necessary ONLY IF you are new to Norris, changing Norris departments, or changing positions (e.g. from Attendant to Supervisor).

Norris Center Student Employee Data Form

- Be sure to include your current position on the form
- Read and sign the agreement on the back

Work-Study Authorization Form (*if you are work-study*)

- Include your work-study allotment, which can be found on Caesar under “Financial Services”
- Your supervisor must complete the Supervisor Section and sign the bottom

Consent for Release of Employment Records (*optional*)

- This form must be on file if you would like your employment records to be available to potential employers or academic institutions. Without it, Norris Center and your supervisor are prohibited from sharing any information about your employment other than your time worked and your hourly rate.
- You may use the form to release your information to particular organization(s) or to a general populations, such as “all potential employers that solicit information.” **This form is not required, and it may be turned in or revoked by you at any time.**

Also, don't forget...

Update Your Campus Address

- Be sure to update your address by going to <http://nuhr.northwestern.edu>. If you do not update it, you may not receive your direct deposit statements or other University Payroll communication.

Do You Have a New WildCard?

- If you have received a new WildCard or otherwise cannot swipe into the timeclock, please contact the Norris Payroll Coordinator immediately and provide the 14-digit number above the barcode.

Questions? Contact Chris at 847-491-2385 or tondini@northwestern.edu



NORTHWESTERN
UNIVERSITY

Personal Data Form

Please print or type

1) NAME			2) UNIVERSITY ID NO. (Can be found on Wildcard)
Last	First	Middle	

3) INDICATE TYPE OF TRANSACTION

New Employee (Complete items 1 through 20 below, skip 4)

Rehire after less than 6 months (Complete items 1,2,3,19,&20 below)

Name Change (Complete items 1, 2, 3, 4,19, and 20 below)

Address Change (Complete items 1,2,3,12,13,14,15,19&20 below)
(Address Changes should be made at <https://nuhr.northwestern.edu>)

4) Name Change To: _____ (must attach copy of Social Security Card showing name change)

EMPLOYMENT INFORMATION

5) What is the date you began working for Northwestern University? Month _____ Day _____ Year _____

6) If a temporary employee or work-study, where should we send your check: Current local Permanent address Department Bursar

PERSONAL INFORMATION

7) Birth Date _____

8) Sex: Female Male

9) Marital Status: Single Married

10) Country of Citizenship: _____ VISA: F1, J1, H1, Other
or US Permanent Resident (not US citizen)

11) Social Security Number (only provide if new hire): _____

If you are not a U.S. Citizen or permanent resident, please contact the Payroll Division to complete information in Foreign National Information System (FNIS).

ADDRESS INFORMATION (This will update all benefit carriers for faculty and staff)

12) Current Home Address/ Local Residence		13) Permanent Mailing Address (if different from current/local address)	
Is this Residence part of University Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
No. & Street	Apartment	No. & Street	Apartment
City	State	City	State
Zip Code	Country	Zip Code	Country

TELEPHONE NUMBERS

14) Local Home Phone: () - _____

15) Cellular Phone: () - _____

16) University Work Phone: () - _____

17) Off Campus Work Phone: () - _____

DEMOGRAPHIC DATA (Please see reverse for explanation and disability category codes)

18) Ethnic Classification (Check appropriate one):

White Hispanic Origin Black American Indian or Alaskan Native Asian Pacific Islander

Are you a special disabled veteran? YES NO

Are you a veteran of the Vietnam era? YES NO

Do you have a disability? YES NO

If you have a disability, identify category: _____

19) As a condition of employment, I understand that Northwestern University requires employees to sign up for direct deposit. If I do not sign up for direct deposit before my first pay date after being hired, I understand that Northwestern University will deposit wage payments to a Paychek Plus pay card which will be provided to me free of charge.

20) Date: _____

Employee's Signature: _____

To be completed by Department - For Temporary Employees Only			
Hire/Rehire Date _____	Job Code _____	Supervisor's Name _____	Supervisor's Employee ID# _____
Hourly Rate _____	Department# _____	Supervisor's Signature _____	Supervisor's Phone _____
Fund _____	Fin Dept _____	Project _____	Activity _____ Program _____ Acct _____
<i>(Fund, Financial Department, and Account are required while you may not have a project, activity, or program especially if not on a grant.)</i>			

When hiring/rehiring temporary employees, fax the Personal Data form to Payroll at 847-491-3733 (Evanston) or 312-503-9702 (Chicago).
All original forms (Personal Data, I-9, W-4) should then be mailed to the Payroll Office, 720 University Place, Evanston Campus.

Procedures to be followed when rehiring temporary employees:

Amount of Time that has Passed Since Termination	Forms That Must be Completed and Submitted to the Payroll Office
Less than 6 months	Employee fills in boxes 1,2, 3, 19 and 20. Department must complete bottom section of Personal Data form marked "To be completed by Department - For Temporary Employees Only". No employee signature is necessary, unless there is a change of information (address, marital status, etc.).
6 months or greater	Complete and submit new forms (Personal Data, I-9, W-4).

When hiring/rehiring temporary employees, fax the Personal Data form to Payroll at 847-491-3733 (Evanston) or 312-503-9702 (Chicago).

All original forms (Personal Data, I-9, W-4) should then be mailed to Payroll, 720 University Place, Evanston Campus.

EXPLANATION OF QUESTION 18 ON FRONT OF FORM: (DEMOGRAPHIC DATA)

Pursuant to Executive Order 11246, Executive Order 11375, Section 402 of the Vietnam Era Veterans Readjustment Act and Section 503 of the Rehabilitation Act of 1973, Northwestern University, a federal contractor, is required to compile data and prepare reports for the federal government with respect to our workforce demographics and take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era. The data collected is confidential and will not subject you to any adverse treatment.

"Special disabled veteran" means any veteran who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under the laws administered by the Veterans Administration for a disability rated at 30 percent or more or rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment disability or a person who was discharged or released from active duty because of service-connected disability.

"Disability" means 1) a physical or mental impairment which substantially limits one or more of a person's major life activities, 2) having a record of such impairment, or 3) being regarded as having such an impairment...an individual with a disability is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

Categories of disability identification:

Code	Disability	Code	Disability
A	Alcoholism	L	Heart Disease
B	Cancer	M	Mental Retardation
C	Cerebral Palsy	N	Multiple Sclerosis
E	Diabetes	O	Muscular Dystrophy
F	Drug Addiction	P	Orthopedic Disorder
G	Emotional Illness	R	Speech Impairment
I	Epilepsy	S	Visual Impairment
K	Hearing Impairment	T	Other

Information obtained concerning an individual's medical condition or history shall be kept confidential, except that 1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans/individuals with disabilities and regarding necessary accommodations, and 2) first aid and safety personnel may be informed, when appropriate, if the condition might require emergency treatment, and 3) government officials investigating compliance with the Acts shall be provided relevant information upon receipt.

If an affected individual elects to not identify at this time, he or she may provide the information requested at a future time of his or her choosing by submitting a revised Personal Data Form.

NORRIS UNIVERSITY CENTER

Student Employee Data Form

Name: _____
Last First Middle Initial

E-mail Address: _____

Student ID No: _____ Graduation Year: _____

Year in school: *Freshman Sophomore Junior Senior 5th Year*

Number **above the BAR CODE** on your WildCARD: 2555630

Contact Information

Local Address: _____ Permanent Home Address: _____

Cell Phone: _____ Home Phone: _____

Employment

Current Norris Department: _____

Current Position (e.g. Attendant, Supervisor, etc.): _____

Did you receive a work-study allotment as part of your financial aid package? *Yes No*

If yes, will you be working more than one work-study job, including Norris? *Yes No*

Past Norris/Northwestern Employment

Have you ever held a position at Norris? *Yes No*

Have you worked at Norris or Northwestern **in the last 6 months**? *Yes No*

Please list all other positions held at Norris or Northwestern:

<i>Quarter / Year</i>	<i>Norris/NU Department</i>	<i>Position</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, please notify:

Name: _____ Phone: _____

Relationship: _____

Please fully read and sign the Student Employee Agreement on the back of this form.

NORRIS UNIVERSITY CENTER

Student Employee Agreement

AS AN EMPLOYEE OF NORRIS CENTER, I UNDERSTAND THAT I AM TO PROVIDE THE HIGHEST QUALITY OF SERVICE TO THE STUDENTS, FACULTY, STAFF, ALUMNI, AND VISITORS TO NORTHWESTERN UNIVERSITY. IN ORDER TO HELP MEET THIS GOAL, I AGREE TO:

- Read, follow and refer to both my area's operating guidelines and the Norris Center Student Employee Handbook.
- Promote smooth shift transitions by arriving at work on time and staying until the shift is complete.
- Provide documentation of hours worked by swiping in and out at the Norris Time Clock immediately before and after each shift.
- Maintain fair scheduling in my area by sharing equal responsibility for shifts during afternoons, evenings, weekends and special events.
- Plan my academics and travel so that I am available to work from the beginning of each quarter through the end of each finals week, including Orientation Day and New Student Week.
- Keep my area functioning by working my assigned shifts or finding my own replacements for shifts I cannot work.
- Foster comfort and confidence in Norris Center by maintaining order and cleanliness in both my operating area and the building in general.
- Ensure the efficiency and security of the organization by not misusing Norris or University resources, information or supplies for my own personal gain.
- Contribute to staff unity, growth and morale by attending all staff development and scheduling meetings.

I ALSO UNDERSTAND THAT, AS MY EMPLOYER, NORRIS CENTER WANTS TO PROVIDE THE BEST WORK EXPERIENCE POSSIBLE. IN ORDER TO ACHIEVE THIS GOAL, THEY AGREE TO:

- Thoroughly train me in my job responsibilities.
- Explain both the Norris wage scale and my eligibility for longevity wage increases.
- Foster an open atmosphere where I can give my reactions to procedures, policies, work-setting, and services on a continuous conversational basis.
- Provide me with employment references by maintaining a confidential personnel file for me.

EMPLOYEE SIGNATURE

WAGE

DATE

SUPERVISOR SIGNATURE

AREA

DATE



NORTHWESTERN UNIVERSITY

2008-2009 Federal Work-Study Program

AUTHORIZATION FORM

Student Section

Last Name: _____
First Name: _____
Social Security Number (last 4 digits only): _____
NU ID Number: _____
E-mail Address: _____
Federal Work-Study Awarded for Academic Year 2008-2009: _____

Supervisor Section

Name of Dept./Organization : _____
Dept. CUFS Account Number: _____
Supervisor's Name: _____
Supervisor's Phone Number: _____
Supervisor's E-mail Address: _____
Quarter Student Began Working: _____
Job Title: _____
Wage Rate/hour: _____

Northwestern University Work-Study Office
1801 Hinman Avenue, 2nd Floor
Evanston, IL 60208-1270

Work-Study Coordinator: Anne Horne

It is the student's responsibility to return this form to the Work-Study Office immediately. The student's paycheck will held by Payroll until this form is received by the Work-Study Office. The student and supervisor should both retain copies of this form for their records.

Student Certification

I agree to accept employment in the department named above for the title and wage stated. I understand that I will be expected to perform my duties in a responsible manner and to comply with the requirements of the job and the instructions of my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position and from the Federal Work-Study Program if I do not meet minimum standards. I will accurately record my work hours and will maintain a record of my earnings in order not to exceed my limit.

Student Signature

Date

Supervisor Certification

I agree to hire the above named student for the title and wage stated and under the conditions described above. I will supervise the work performed and I will be responsible for approving the Work-Study employee time record for the Payroll Office. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount above by the Financial Aid Office. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined in the Work-Study Handbook. I further understand that any violation of those procedures may jeopardize this department's participation in the program.

Supervisor Signature

Date

Northwestern University and its employers agree that no student will be denied work or subjected to different treatment on the grounds of race, age, sex, color, religion, national origin, sexual orientation, marital status, age, disability or veteran status, and that it will comply with the provisions of the Civil Rights Act of 1964.



NORRIS UNIVERSITY CENTER – STUDENT PAYROLL

1999 CAMPUS DRIVE, EVANSTON, IL 60208

PH: 847/491-2385 FAX: 847-491-4333

CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for Northwestern University to release any personally identifiable information from my education records not defined as “Public Information” under the University’s FERPA policy.

I, therefore, give permission to Norris University Center to release:

any information contained in my employment
records or otherwise concerning my
employment at the Norris University Center

to:

for the purposes of: assisting in my efforts to secure other employment or gain admission
to another educational institution or program

Print Name

Student ID

Signature

Date *

* This release is valid until revoked by me in writing.