*This form is for hiring only – once employed, personnel changes should be submitted via Manager Self Service (MSS)

KENNESAW STATE UNIVERSITY

Student Employment Hiring Form (SEHF)

Please complete all required fields (*). If you do not know the applicable "Empl ID" or "Position #", you may find it by performing a search at the following link: *Position Inquiry Report*

*Student Name: _____

*Student Email: _____   ***Student Phone Number:** _____

*KSU NetID: _____ ***KSU ID #:** _____   **Handshake #:** _____ **Position #:** _____

*Home Department: _____   ***Dept. ID:** _____

*Employee Type: _____   ***Mail Drop:** _____

*Requested Effective Date: _____   ***Location:** _____
  (Effective Date will be determined by HR based on paperwork completion and **payroll dates**)

Section A. Position Information

*Reports To Name: _____   ***Reports To Position # (from OneUSG):** _____

*Time Approver Name: _____   ***Time Approver Empl ID# (from OneUSG):** _____

*Pay Rate: _____   ☐ **Hourly** (for SA, FWS, SALT)   ☐ **Monthly Stipend** (for GRA, GTA)
                                                    Start Date: _____ **End Date:** _____

*Background Checks Needed: ☐ None ☐Criminal ☐Credit ☐MVR (If position has access to children, is a position of trust, or requires after-hours access, pre-employment screening is required.)

Job Code: _____

*Will the student assistant drive a KSU vehicle (including golf carts) for university business as a part of their regularly assigned job duties?   YES   NO

*Will the student assistant be using power tools for university business as a part of their regularly assigned job duties?   YES   NO

*Use this space to provide a brief description of work to be performed:

Section B. Position Funding

*Select Funding Type: _____

  If "Split Funded" or "Other Funded" is selected, please list applicable Combo Codes and the corresponding value for percent of pay.

Combo Code	% of Pay
_____	_____
_____	_____

Section C. Approvals

*Hiring Manager: _____   **Signature:** _____   **Date:** _____

*Dept. Manager: _____   **Signature:** _____   **Date:** _____

Business Manager: _____   **Signature:** _____   **Date:** _____

FWS/Grants(if applicable): _____   **Signature:** _____   **Date:** _____

For **Student Assistant,** send completed form to hrstudentemployment@kennesaw.edu.
For **Federal Work Study,** send completed form to fws@kennesaw.edu.
For **GRA/GTA/GPA,** send completed form to gradcollegeforms@kennesaw.edu.

Rev. 10/4/2024