



Metropolitan State University of Denver

Student Employment Form (SEF)

USE OF THIS FORM: This appointment must comply with MSU Denver's student employment policies. All student employment forms are available on the HR Website. This form must always be accompanied by a class registration and work-study award if applicable. **All required forms must be completed prior to the students' start date.**

I. TYPE OF EMPLOYMENT (Indicate all that apply- One form may be used to set up two jobs at the beginning of the semester, i.e. Hourly and Work-Study. Indicate the two desired jobs in this section and the 2 FOAPs in Section IV; the percentage would be 100% for both positions.)

- | | | |
|--|--|--|
| <input type="checkbox"/> On-Campus Employment | <input type="checkbox"/> Work Study | <input type="checkbox"/> SGA |
| <input type="checkbox"/> Off-Campus Employment | <input type="checkbox"/> Hourly/ Institutional Funds | <input type="checkbox"/> Grant/Foundation Funded |

II. EMPLOYEE INFORMATION

Employee Name: _____ **Employee 900#:** _____
 (Last, First, Middle Initial)

Student Email Address: _____

Enrollment Status	Enrolled at :	Is this the last semester before graduation?
<input type="checkbox"/> 6 or more credits <input type="checkbox"/> Less than 6 credits <input type="checkbox"/> Student graduated <input type="checkbox"/> Graduate Program Student	<input type="checkbox"/> MSU <input type="checkbox"/> UCD <input type="checkbox"/> CCD <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure.

III. JOB/ POSITION DATA (Indicate all that may apply; also attach a Student Position Description Form, for all new employees, transfers & level increases)

A. Action

- | | | | | |
|--|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Continuing Employee/Rehire | <input type="checkbox"/> Split Assignment | <input type="checkbox"/> FOAP: Change | <input type="checkbox"/> Pay Increase |
| <input type="checkbox"/> Job Transfer/New Department | <input type="checkbox"/> Supervisor Change | | | |

B. Job Information/ Compensation

Effective Date: _____ End Date: _____ Department: _____

Supervisor Name: _____ Phone Number: _____ Campus Box: _____

Rate of Pay: \$ _____ Job Level: _____ Earnings Limit: \$ _____

IV. FUNDING (FOAP)

WORK STUDY FUNDS: CWS: 401502 FWS: 400152 NNWS: 401533

1 st ON-CAMPUS FOAP	2 nd ON-CAMPUS FOAP	FUNDING FOR OFF CAMPUS AGENCIES ONLY															
Fund: _____	Fund: _____	Insert Assigned Agency # in the Gray Box Below															
ORG: _____	ORG: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fund</th> <th>ORG</th> <th>Account</th> <th>Program</th> <th>% of charged earnings.</th> </tr> </thead> <tbody> <tr> <td>400152</td> <td>SFIN2</td> <td>6191</td> <td>1300</td> <td>75% = FWS</td> </tr> <tr> <td></td> <td>SFIN2</td> <td>6197</td> <td>1300</td> <td>25% = Agency</td> </tr> </tbody> </table>	Fund	ORG	Account	Program	% of charged earnings.	400152	SFIN2	6191	1300	75% = FWS		SFIN2	6197	1300	25% = Agency
Fund	ORG	Account	Program	% of charged earnings.													
400152	SFIN2	6191	1300	75% = FWS													
	SFIN2	6197	1300	25% = Agency													
Account: _____	Account: _____																
Program: _____	Program: _____																
Activity code: _____	Activity code: _____																
Percent: _____ %	Percent: _____ %																

For work-study funding split with grant funding, please use the FOAP Boxes to the left. ←

Grant/Foundation Approval

	Date: _____
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V. SIGNATURES

Signature of Student: _____ Date: _____

*****This employment contract is subject to termination by either party at any time and the employee shall be deemed at will. I hereby certify that I am a registered student and understand I am subject to immediate termination when I graduate or cease to be a registered student. ******

Signature of Supervisor: _____ Date: _____

Account Custodian Signature: _____ Date: _____

Level V– VP Signature: _____ Date: _____

FOR HUMAN RESOURCE USE ONLY					
	HR Forms	Payroll Forms	Registration	Work-Study Award	Banner Input
<input type="checkbox"/> Background Authorization	<input type="checkbox"/> I-9 E-Form / ID:	<input type="checkbox"/> W-4	<input type="checkbox"/> Credits -	<input type="checkbox"/> CWS	<input type="checkbox"/> PPAIDEN
Date Received By HR	<input type="checkbox"/> Data Sheet	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Term -	<input type="checkbox"/> FWS	<input type="checkbox"/> PEAEMPL
	<input type="checkbox"/> Position Description	<input type="checkbox"/> PERA		<input type="checkbox"/> NNWS	<input type="checkbox"/> WEBTIME
	<input type="checkbox"/> Worker's Compensation	International Students	Level 1 & 2 Increases	Level 3, 4 & 5 Increase	<input type="checkbox"/> WKS
	<input type="checkbox"/> Confidentiality/Handbook	<input type="checkbox"/> EEIS Form	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Evaluation	<input type="checkbox"/> HRL
	<input type="checkbox"/> SSA 1945 Form	<input type="checkbox"/> Foreign National Form	<input type="checkbox"/> Schedule/Award	<input type="checkbox"/> Position Description	<input type="checkbox"/> INT
	<input type="checkbox"/> Disability Disclosure	Summer Hourly – Below 6 Credits		<input type="checkbox"/> Letter Justification	<input type="checkbox"/> OFF
	<input type="checkbox"/> PRWORA	<input type="checkbox"/> Enroll in TIAA (Spreadsheet)	Processed By: _____		Rep/Date