

CHECKLIST FOR GRADUATE STUDENTS
(For BISC office use only)

EMPLOYEE:

Full Name: _____ Birthday: _____

Social Security #: _____ UA ID #: _____

Street Address: _____

E-mail Address: _____ Telephone #: _____

Type of Position: ___ 9 month ___ 12 month ___ Summer position

Will you be: ___ Teaching or ___ Research?

Advisor's Name: _____ Program: _____

If you have previously worked at the U of A, where did you work?

Have you submitted W-4 Form? ___ Yes ___ No 1-9 Form ___ Yes ___ No

Acknowledgment of Policies Form? ___ Yes ___ No

Are you an International Employee? ___ Yes ___ No

SUPERVISOR:

Cost Center # for salary: _____

Cost Center # for graduate tuition waiver: _____

Job Title: _____ Salary: _____

Effective from: Start date _____ End date _____

Requested by: _____

STAFF:

PSB Employee # _____ PSB Position # _____ PBM Fund Src _____