



OHIO
UNIVERSITY

Human Resources

Existing Student Employee Information Sheet

Employee Section

Directions:

- All Information is required
- Complete all form using ink

Legal Name: _____ Employee Number: _____

OHIO ID: _____

PID#: _____ DOB: _____

Do you have another job on Campus? Yes No

If yes, what Department? _____ How many hours per week? _____

Hiring Campus _____ Hiring Department _____

Start Date: _____

Check one for how you will be paid:

Hourly:

Graduate Appointment:

Resident Assistant:

Name of supervisor or departmental contact _____

Phone number _____ Today's Date _____

OHIO ID: _____