

Hourly Student Worker Acknowledgment Form

March 2023

Student Employee (Section I):		
Student Name	eStudent ID #	
Are you related by blood or marriage, to a ☐ Yes ☐ No Do you have relatives, by blood or marriage		
If yes, give:		
Name	Department	Relationship
Name	Department	Relationship
Student Employee Acknowledgement (S	Section II):	
re you working somewhere else on campus?[Yes No	
If yes: Fill in start date, department, super	rvisor name and contact information, numbe	er of hours you are working.
 □ Recently separated veteran □ Armed forces service medal v □ Disabled veteran □ I am a protected veteran but □ I am not a protected veteran. 	veteran choose not to self-identify the classification	າ to which I belong.
acknowledge that I have been informed of ompensation, Employee Notice of Networ raining. I understand that I am responsible ays of my employment and agree to componditions of employment. I also agree that by supervisor. I understand that my depart ave questions concerning this information	ck Rights Documents (ENGLISH), and Stude for reading all the information on these bly with all Texas State University proced it is my responsibility to promptly compand the company or Human Resources will provide	dent Worker Safety e sites within the first 30 dures, policies, and plete and return forms to
*Student Signature		::
Employer Section:		
Signature of Account Manager/Author	rized Representative	Date
Authorized Account Manager/Authorized Repre	esentative Department	Phone

Important Notice: Laws, policies, rules, and regulations relating to the above items change periodically; before taking actions based on information contained in your packet, please check first with your supervisor.