

# YOUNGSTOWN STATE UNIVERSITY

## On-Campus Student Employee Task-Based Stipend Appointment Form

- New Employee  
 Re-Appointment

Date \_\_\_\_\_

Social Security Number	Effective Date	Ending Date	Telephone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Permanent
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Last Name	First Name	Middle Name
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Address: Street	City	State	Zip Code
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			

Employing Department	Approved Title
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Total Stipend Value	FOAPAL:
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### Payment Schedule

Payment schedule must conform with the dates of the appointment.  
 Semi-monthly stipend payments will be made on the 15<sup>th</sup> and last working days of the month.

Month	Total Amount	Month	Total Amount	Month	Total Amount	Month	Total Amount
January		April		July		October	
February		May		August		November	
March		June		September		December	

I certify that the foregoing personal data are correct and I accept the position on the terms specified above, contingent upon the availability of funds and formal administrative approval. I recognize the salary is subject to such deductions as may be required pursuant to the applicable laws and regulations. The salary due me will be based upon the period of actual service and I will return to the University such part of my salary as is not actually earned on this basis.

Employee Signature: \_\_\_\_\_

▶ **NOTE: ORIGINAL + 3 COPIES MUST BE FORWARDED FOR PROCESSING. FAILURE TO COMPLETE/ATTACH/FORWARD ALL REQUIRED FORMS PRIOR TO WORKING MAY DELAY PAYMENT.** ◀

### Approvals

Signature Authority for Account	Date	Student Life	Date
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Comments \_\_\_\_\_

For use of the Office of Student Life only:

Academic Year	I-9 on file		Semester/Hrs	Total Hours Completed	GPA	International Student	
	Yes	No	X _____ F _____ S _____			Yes	No
						If yes, country _____	

c: Payroll, Employing Department, Student Employee