

Revised 4/27/16

Roger Williams University Student Personnel Action Form



PLEASE COMPLETE: STUDENT NAME:		EFFECTIVE I	DATE OF ACTION:	/ /
	City/State/Zip:			
Home Phone: ()			Date of Initial Hire:	
Student ID: (SS# if new employee):				
PLEASE COMPLETE AND CHECK ALL THAT APP ☐ New Hire ☐ Separation (Voluntary) ☐ S ☐ Rehire ☐ Dept or GL Change ☐ Change	Separation (Involuntary) 🛘 Cha	ange Position	Status 🗖 Additional Pos	sition
LOCATION: □Bay Point □ Bristol □	Law School Providence	Metro Center	☐ Tiverton	
SCHOOL/DIVISION:	DEPT:			
POSITION TITLE:				
a. Is this position typically filled at the same ti	me each year? \square (yes) or \square (n	o)		
b. Will the individual hired in this position be	customarily hired to work less th	nan 6 months	in a calendar year? □ (y	res) or \square (no)
REPORTING SUPERVISOR:				
Weekly Number of Hours:				
Temporary assignment length from:/				
PLEASE COMPLETE AND CHECK ALL THAT APP Does the student have another position with R If yes, is it work study? ☐ Yes ☐ No. If it is no	wu? ☐ Yes ☐ No	complete th	e following:	
POSITION TITLE:	; DEPT:	_; SUPERVIS	OR:	and,
HOW MANY HOURS PER WEEK HE/SHE IS WO	PRKING:			
FOR SEPARATIONS:				
Last day worked:/ Terminat Reason for separation:	ion Date:/			
Eligible for Rehire?)			
DAT DDED ADED DV (Disease with the			DATE: /	,
PAF PREPARED BY (Please print):			DATE:/	
Remarks	Authorizations			Date Signed
	Manager:			/ /
	Finance:			/ /
	Human Resources:			/ /
	FOR HR/Payroll USE ONI	LY		
☐ W-4 ☐ I-9 HRIS Processed by:	Benefits Processed by:		roll Processed by:	