

DUTCHESS

COMMUNITY COLLEGE

For Payroll Use Only:

Date Entered: _____

Position Code: _____

Grant? Yes

No

Rate of Pay: _____

Initials: _____

Student Employee Payroll Action Form

Part I: To be filled out by the hiring supervisor:

Student Name:

Date of Hire:

Student Banner ID (A#):

Position END date:

Kronos Sign-Off Manager:

Department Name:

Back-up Sign-Off Manager:

Organization Number:

Please check one of the following:

New student hire in this department. (Please direct the student to contact the Office of Human Resources to complete the hire process).

Student is returning to work in this department from last semester.

Student is no longer working in this department – please remove the student from Kronos list for this department. Date of termination:

Reason for termination:

Supervisor / Department Head Signature

Date

Please send or e-mail this form to the Office of Human Resources: HRstudentemployment@sunydutchess.edu
Human Resources will forward a copy to the Payroll Office: pavrollstaff@sunydutchess.edu

Part II: To be filled out by Financial Aid and the Office of Human Resources:

Student Adding a Department:

Currently Working in Department:

Add the following Department:

Department Number:

Department Number:

Primary/Secondary?

Primary/Secondary?

Comments:

Other Information:

Semester _____ Work Study Student

Student Aide

Returning Student Aide

Semester _____ Work Study Student

Student Aide

Returning Student Aide

Attached Forms:

W-4 IT-2104/2104E Direct Deposit Retirement Enrolled Retirement Declined