



**THE UNIVERSITY OF CHICAGO
STUDENT EMPLOYMENT FORM**

UPP FORM 171 07/87

TAX FORMS ATTACHED

PERSONAL INFORMATION

Social Security Number		Name Last		First		MI	
Mailing Address/City				State		ZIP Code	
Phone Number							
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date		Race <input type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian/Alaska Native <input type="checkbox"/> (A) Asian/Pacific <input type="checkbox"/> (B) Black <input type="checkbox"/> (H) Hispanic Islander			
Currently Registered UC Student? <input type="checkbox"/> Yes(R) <input type="checkbox"/> No(U)		Student ID Number		US Citizen? If no, attach Alien Information Request <input type="checkbox"/> Yes <input type="checkbox"/> No			

ASSIGNMENT INFORMATION

University Address/Room Number			Work Phone No.		Check Delivery Code		
Job Code		Job Title		Department No.		Department Name	
Req No		Assign Begin		Assign End		Rate/Amount	
Step							
Hrs/Wk		BW/MO <input type="checkbox"/> B1 <input type="checkbox"/> M1		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Term Appt.		Shift	
Shift Hrs.		Clock Location					

DISTRIBUTION INFORMATION

No.	ACCOUNT NUMBER	EARN	PERCENT	AMOUNT(Term Appt. only)	START	END
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____

APPROVALS

_____		_____	
Department Contact Re This Form:	Phone	Dean/Division	Date
_____		_____	
Department	Date	UHRM Processed by	Date