

## Cal Poly San Luis Obispo Student Employment Request Form

Payroll Use Only:			

Please note that required fields are indicated with asterisk. Example: Name\*. Highlighted fields must be completed in Excel. Incomplete forms will not be processed.

Do not submit the SERF via campus mail. Students must bring the SERF to Payroll in person to complete the 19 and hiring documentation

Student to fill out:						
People	Soft Employee ID*:					
Name*	: (Last, First, Middle)					
Emplo	ying Department*:					
Note to Student Employees						
Payroll Services to send it	to a different address. Your withholding status w	You must conta vill default to '	act payroll services if 'Single with 0 Exemp	your permanent of tions'' if you are a	your original hire unless you or mailing address changes to new employee. If you wish to s, Room 107 in the Administra	assure you o change either of
New State Employees						
Before you begin work you to view the form. Take th with two forms of identific need to show Payroll Serv  Designee for State Warrant( still owed by Cal Poly to a large of the state of th	e completed Student Em cation (read the I-9 instr- ices your Social Security s) (You may select son	ployment Requictions for val Card (separa neone to receive	uest Form to Payroll id forms of identifica te from the I-9 proce e any unpaid salary	tion.). You will als	_	
Name (First,Middle,Last):	:					
Address:						
Phone Number:		Relationsh	ip:			
Oath of Allegiance/Declaration Part I – Oath of Allegiance	ion of Permission to Work	* (Complete Part	I or Part II)			
of California against all er	nemies, foreign and dome n of the State of Californ ell and faithfully dischar rmission to Work resident non-citizen of the s o (If "No", I hereby	estic; that I wi uia; that I take ge the duties u e United State certify that I I	ll bear true faith and this obligation freely pon which I am abou s.	allegiance to the C without any ment t to enter. I hereby ork in this country	al reservation or purpose of subscribe to this oath. and have declared any restric	ctions placed upon me
Student Signature*:			Date*:			
HIRING DEPT USE ONI	<u>.Y:</u>					
Type of Transaction:	New State Employee	New Position	☐ New Supervisor	New Pay Rate		
Position Number*:						
Student Pay Rate*: (ra	ange=\$8.00-\$17.26):					
Supervisor *: (last nar	ne, first name)					
Authorized Dept Signs	ature*:					
On-line Hire Complete	ed:		Date			
PAYROLL DEPT USE O	NLY:	<u></u>				
Payroll Office Author	ized Signature:					