Req. **Forms**

HOOD COLLEGE TEMPORARY EMPLOYMENT AGREEMENT

I-9 Fed Tax AGREEMENT FORM for Year				
••••••	ADEMIC YEAR _	SUMMER		
This temporary employment agreement is used by the temporary employee and the College for planning purposes. It does not alter the at-will employment relationship between the College and the employee.				
Are you employed in another position on Campus?YesNo **If yes, how many hours per week? Please Note: Students may not work more than 11 hours per week in one job or across multiple position				
Name:	•			
Address:				
City: State	:e:	Zip:		
College Mail Box #: Telephone: (C	ell) <u></u>	(Home)		
Social Security Number Last 4 digits: <u>XXX-X</u>	X Da	ate of Birth:		
Emergency Contact Name and Number:		#:		
Relationship to Employee:	Email Address	s:		
Current Hood Student:Yes No Pre	evious employment wi	ith the College: Yes No		
Hiring Agreement	: To be complete	ed by Supervisor		
Employee Name	Employed by:	Name of Department		
Job Title:		Name of Department		
Start Date:		Date:		
Rate of Hourly Pay \$:	•	K:		
, , , -		\. \$:		
If the new employee has not been previously em form, and federal tax form within three business				

Control Act, she/he must appear in person in the Department of Human Resources with appropriate documentation to complete the Employment Eligibility Verification Form (I-9) within three (3) business days of her/his start date. Failure to comply will result in termination of her/his employment.

Signature of Employee		Date
Signature of Supervisor		Date
Human Resources Authorization	Please make a copy for your r	
HR Use Only: Job #	_ Employee ID #	Date entered in system