



Information Systems – New/Rehire Form **Federal Work Study Students**

To Be Completed by the SUPERVISOR:

(Complete all the required information to ensure accounts are set-up correctly. Please print clearly.)

Full Name of Work Study Student: _____

Start Date: _____

Last Four Digits of Social Security Number: _____

Fisher ID Number: _____

Employee Type:

☐ Federal Work Study Student

Name of Supervisor: _____

Supervisor's Job Title: _____

Department Name: _____

Department Code / Cost Center (i.e. 1100): _____

Office Location: _____

Recommended Scan Permissions: _____

Supervisor Signature: _____ **Date:** _____