

## HARVARD COLLEGE OBSERVATORY

## APPOINTMENT PAYROLL FORM FOR STUDENT, INTERN, TEMPORARY, & LESS THAN HALF-TIME EMPLOYEES

Employee			
Employee Name:	DOB:  mm/dd/vvvv		
Harvard ID#	SSN #:		
Email Address:	Cell #:		
Hispanic/Latino:	O Yes O No Gender: O Female O Male O Nonbinary		
Ethnicity: Required, check at least one.	O American Indian/Alaska Native O Asian O Black/African American		
	O Native Hawaiian/Other Pac Island O W	Thite	
Local Address:			
Emergency Contact:	Name: Relationship	p: Phon	ie:
Job Indicator:	Do you currently have another job at Harvar	d? Yes (	⊃ No
Administrator			
Employee Type:	O Harvard Student O Intern O Temp O Less Than Half-Time (≥14 hours)		
Type of Work: O Clerical O Technical O Research O Maintenance			
Job Summary:			
Job Specific Responsibilities:			
Basic Qualifications Required: (Ex: H.S. diploma/degree, previous experience/technical skills, etc.).			
Department/Center/Faculty:			
Office (room/bldg.):	Office Phone #:		
Start Date:	End Date: Hourly Rate: \$ Standard Hours per Week:		
Funding Type(s):	Ocost Recovery One Endowment Of Faculty Startup Ounpaid		
O Multiple O Unrestricted O Restricted O Sponsored 100% O Sponsored Partial			
Billing Code:	%:		
Billing Code:	%:		
Supervisor Name:		Time Approver Name: HCC	) Business Office
Will Federal Work Study funds be used for this position?*(If yes, Work Study Referral Card  MUST be attached & work study object code 0139 must be used in salary costing.)  Yes O No			
Will department be supplementing work study rate?		O Yes O No	
If yes, please indicate the dollar amount per hour supplement to be paid by department: \$			
*The new hire will only be paid by Federal Work Study funds if the original Work Study card/on-line form is submitted, email confirmation of acceptance & time work is entered as 'work study time' (WST) in PeopleSoft.			
New hire must set up an appointment with their HCO Administrator to complete the I-9 form before/by start date.			
Employee Signature		Date	
Supervisor Signature		Date	