****

 **Student Employee**

 **Payroll Information Form**

**Please send this completed form to** **BermanHRPR@jhu.edu**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last, First, Middle Initial)

**Perm. Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address and Apartment/Unit # and City, State, Zip Code

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS**#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** ⬜ Male ⬜ Female **Citizenship** ⬜ US ⬜ Other\* (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity** ⬜ African or African American ⬜ Hispanic ⬜ Asian, Asian American, Pacific Islander ⬜ White/Caucasian ⬜ Native American or Alaskan Native ⬜ Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Marital Status**: single married divorced widowed

**Highest Degree Obtained & Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anticipated Graduation Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently **registered as a full time student** in: *JHSPH SOM SON Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Circle One***

(students are required to provide appropriate confirmation of registration & enrollment status)

Do you have **federal work study**? Yes No Circle One

Are you **working anywhere else** in Johns Hopkins as a student, staff or independent contractor?

⬜ Yes ⬜ No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please list ALL – use reverse)

By submitting this form, you are agreeing to remain compliant with all JHU student employment policies including but not limited to:

1. Working no more than a cumulative total of 19.9 hours per week at JH regardless of the number of student positions at JH during 1st, 2nd, 3rd and 4th terms. **Initial \_\_\_\_\_\_**
2. Stopping all work activities and notifying payroll when or if my enrollment falls below full-time status in in any academic term **or** I will not enroll full time in the upcoming academic term, **or** I complete my degree requirements. **Initial \_\_\_\_\_\_**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*If you are a **foreign national** (not a US citizen) please complete Page Two.

**Page Two**

**Foreign National Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(asking again in case page two gets separated from page one)

Visa Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alien Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First* US Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Authorization Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Resident Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

------------------------------------------------------------------------------------------------------------------------------------------

**Continuation from front page of other work assignments or independent contractor agreements with Johns Hopkins:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_