DIVISION OF PERFORMING ARTS HOURLY EMPLOYEE INFORMATION SHEET

Section I: To be completed by employee. Completion of ALL information is required. **Incomplete information will delay processing**.

? Are you a registered University of Iowa Student? [ ] Yes [ ] No (eligible for summer ONLY employment)
***If YES**, indicate what sessions(s) you are registered for:* [ ] Fall [ ] Spring [ ] Summer

? During the academic year, are you a Student Athlete? [ ] Yes [ ] No
***If YES**, you **must** get employment approval from the appropriate Athletic Department **PRIOR** to working.*

Have you been awarded Work-Study for the Summer?	☐ Yes	☐ No	***If yes**, indicate the $ Amount?*	$	
For the Academic Year?	☐ Yes	☐ No	***If yes**, indicate the $ Amount?*	$	
For the Fall Semester Only?	☐ Yes	☐ No	***If yes**, indicate the $ Amount?*	$	
For the Spring Semester Only?	☐ Yes	☐ No	***If yes**, indicate the $ Amount?*	$	

? Will you have another University of Iowa job while employed under this job? [ ] Yes [ ] No
***If YES**, list % of time or hours employed:* Hourly_____Salaried _____

Students are limited to 20 hrs/week during the academic year under the student hourly employment program. Students with more than one job must still comply with the 20 hour requirement.

Section II: To be completed by the employee for use in completing the appointment. Print legibly! Completion of **ALL** information is required. **Incomplete information will delay processing and payment.**

Last Name: _____ First Name: _____ Middle Initial: ___
Social Security #: _____ Birth Date: _____
Telephone #: _____ E-mail Address: _____
Residing Address: _____
City: _____ State: _____ Zip: _____
Highest Completed Level of Education (i.e., High School, Undergraduate or Graduate Degree): _____
Gender: [ ] Male [ ] Female Marital Status: [ ] Married [ ] Single

CITIZENSHIP STATUS: [ ] US Citizen [ ] Permanent Resident [ ]Non-Immigrant Alien
FOR NON-CITIZENS, ATTACH 2 COPIES OF THE FOLLOWING TO THIS FORM: PASSPORT/VISA, I-94, & I-20
Country of Citizenship: _____
Visa Status/Type (If F1, specify F-1 S, F-1 EH, F-1CPT, or F-1 OPT): _____
Visa Expiration Date: _____

Section III: To be completed by the Supervisor for use in processing the appointment. Completion of ALL information is required. **Incomplete information will delay processing and payment.**

MAIN SUPERVISORY AREA:

DANCE ☐ **MARKETING/COMMUNICATIONS** ☐ **MUSIC** ☐ **THEATRE** ☐ **PRODUCTION** ☐
-DOPU ☐
-Theatre Shop ☐

Start Date: _____ End Date: _____ Rate of Pay _____

Supervisor Name (please print): _____Estimated Hours per week _____

Duties employee will perform :_____

_____

Name of Account to be Charged (be specific): _____

MFK Information (if known or special):

XXX	XX	XXXX	XXXXX	XXXXXXXX	XXXX	XXX	XXXXX	XX	XXXX

To ensure payment, work hours must occur between the specified dates and University Payroll and/or Work-Study deadlines.

Submit Completed Form to Kellie Kucera, 1400M VOX