

## 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, indicate the \$ Amount?</i> | \$ _____ |
| For the Academic Year?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, indicate the \$ Amount?</i> | \$ _____ |
| For the Fall Semester Only?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, indicate the \$ Amount?</i> | \$ _____ |
| For the Spring Semester Only?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, indicate the \$ Amount?</i> | \$ _____ |
- ? 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: _____
Student ID# _____	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

-Dance/Opera   
 -Theatre Shop

Does this employee need to drive as part of their work duties? \_\_\_\_\_

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	XXXXXX	XXXXXXXXXX	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 Jason Millsap, 1400M VOX**