

Work-Study Authorization Form

➤ Section I – Student Information

STUDENT'S NAME: _____ STUDENT ID#: _____
(Exactly as it appears on your Social Security Card)

Number of credits currently enrolled: _____ Semester: _____ Year: _____

As a student employee, you are employed "at will". This means that either you or your employer can terminate your employment at any time during the semester. You are responsible for obtaining a copy of, and reading the Student Employment Handbook and abiding by the policy set forth in this document.

Student Signature: _____ Date: _____

➤ Section II – Employer Information

Employing Department/Agency Name: _____

Supervisors Name (**Print Clearly**): _____ Phone #: _____

Contact e-mail address: _____ *Speed Type: _____
(Required - See Contract)

Campus Box (if applicable): _____ Student Pay Rate (\$/hr): _____

*Student's Start Date: _____ *Student's End Date: _____

****Students may NOT begin working until the Student Employment Office has sent a time sheet via email for the student listed above. Retroactive hours will not be paid with work-study funding if employment begins before this time.****

****If you would like to authorize another department member to sign the student's timesheets, please provide the following:****

Name: _____ Phone #: _____

Contact e-mail address: _____ Campus Box (if applicable): _____

Authorized Member Signature: _____

It is understood that the employing agency signing this form is knowledgeable of the guidelines within the Off-Campus Work-Study Contract. It is also understood that by signing this form, the supervisor is familiar with, and will abide by the policies and procedures set forth in the Student Employment Handbook.

Supervisor Signature: _____ Date: _____

For SE Office Use Only

Employee ID: _____

Email Form to FA_Docs@ucdenver.edu

Student Employment Office

P.O. Box 173364, Campus Box 125 Denver, CO 80217-3364

Phone: 303.315.1842 Fax: 303.315.1886 Email: StudentEmployment@UCDenver.edu

Background Check Disclosure

The University of Colorado Denver | Anschutz Medical Campus (the “University”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment. This background information may be obtained in the form of consumer reports and/or “investigative consumer reports” (commonly known as “Background Reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired by the University, throughout your employment.

HireRight, Inc. (“HireRight”), will prepare or assemble background reports for the University. HireRight, Inc. is located and can be contacted by mail at 3349 Michelson Dr. Suite 150, Irvine, CA 92612, and HireRight can be contacted at (800) 400-2761.

The types of information that may be obtained include but are not limited to: credit reports and bankruptcy filings history (for certain employment positions only); social security number verification; criminal records and history; public court records; driving records; educational history verification (e.g. dates of attendance, degrees obtain); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); workers compensation claims; personal and professional references checks; professional licensing and certification checks; address history; accident history; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

The information may be obtained from private and public record sources, including as appropriate: government agencies and courthouses; educational institutions; current or former employers, or other acquaintances and other information sources. If the University should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the University will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

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Phone: 303.315.1842 Fax: 303.315.1835 Email: studentemployment@ucdenver.edu

Once this form is submitted by the Business Partner, Human Resources will initiate a background check via HireRight, Inc, our background check vendor. The applicant will then receive an email with further instructions on submitting their own background check consent form on-line through HireRight, Inc. Departments and applicants will be notified by Human Resources upon successful completion of the background check. Please note, it is important to ensure that the information on the on-line form is accurate and complete. *Additionally, applicants may not begin work until they have received notification that they have successfully completed the background check.*

Background Check Request

Section I – Applicant Information

STUDENT'S NAME: _____
(Exactly as it appears on your Social Security Card)

Other legal names used it different from above: _____

Applicant email address: _____

Section II – Department Information

Job Posting Number: _____ Position Title or Program Applied for: _____

Department: _____ Anticipated Effective/Hire Date: _____

Supervisors Name: _____ Department HR Liaison: _____

Applicant Status:

Classified University Staff Faculty Student Employee Volunteer

Select all that apply:

Criminal MVR Sex Offender
 Financial (must be an Office of the University) Other – please describe below

If "Other" was selected from above, please specify the type of check needed – to be used for special circumstances only

Will this individual be working with minors?

Yes No

For SE Office Use Only

Employee ID:

Date Sent:

Student Employment Office

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Phone: 303.315.1842 Fax: 303.315.1835 Email: studentemployment@ucdenver.edu



Emergency Contact Worksheet

Employee:

Please return the completed form to your department payroll representative for entry and record retention. **Please note: you should update this information on the Employee Portal (CU Resources). You do not need to submit this form in addition.**

This form should NOT be sent to ES.

Each employee must choose one PRIMARY emergency contact.

Multiple emergency contacts may be submitted - please complete a separate form for each person.

Initial Information Additional Contact Info Replacement Contact Info Update Existing Contact Info

Employee

Employee Name: <i>(Last Name, First, Middle)</i>	Employee ID # <i>(preferred)</i> or SSN:	Date:

Emergency Contact Address/Phone

Contact Name:	Relationship to Employee:	Primary Contact? <i>(Required)</i>
	Other ▼	<input type="radio"/> Yes <input type="radio"/> No

Address Same as Employee Phone Same as Employee

Address 1:

Address 2:

City:	State:	Postal Code:	County:

Phone Numbers:

	Contact Phone	Other Phone 1	Other Phone 2	Other Phone 3	Other Phone 4
Type:	▼	▼	▼	▼	▼
Number:					



Personal Information Worksheet (Hire/Update) -- Add a Person/Modify a Person

This form is designed to assist departments with HRMS data entry. The form may be completed online before printing. **This form should NOT be sent to ES.**

- Navigation:**
- (1) Workforce Administration > Personal Information > Search for Matching Person
 - (2) Workforce Administration > Personal Information > Add a Person
 - (3) Workforce Administration > Personal Information > Modify a Person

Grayed-out fields indicate optional information, not required by HRMS

[Click Here for HRMS Step-by-Step Guides](#)

Biographical Details

Employee ID (if applicable):	Effective Date for Name:	Prefix:	Suffix:
		▼	▼

Name must be entered EXACTLY as printed on Social Security Card.

First Name:	Middle Name/Initial:	Last Name:	Date of Birth:
Birth Country:	Birth State:	Birth Location:	Gender:
			<input type="radio"/> Female <input type="radio"/> Male

Highest Education Level: (select one)

<input type="radio"/> A - Not indicated	<input type="radio"/> E - Technical School	<input type="radio"/> I - Master's Level Degree	<input type="radio"/> L - Post Doctorate
<input type="radio"/> B - Less than HS Grad	<input type="radio"/> F - 2-Year College Degree	<input type="radio"/> J - Doctorate (Academic)	<input type="radio"/> Pharmaceutical Chemist
<input type="radio"/> C - HS Grad or Equivalent	<input type="radio"/> G - Bachelor's Level Degree	<input type="radio"/> K - Doctorate (Professional)	<input type="radio"/> Specialist in Education
<input type="radio"/> D - Some College	<input type="radio"/> H - Some Graduate School		

Associate of: _____ (Field)	Master of: _____ (Field)
Bachelor of: _____ (Field)	Doctor of: _____ (Field)
Certificate of: _____ (Field)	Other: _____ (Field)

Marital Status:	As of (date):	Language:	Alternate ID:

Social Security Number (National ID):	
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Contact Information

HOME ADDRESS <small>(Permanent or Foreign Address for Non-Resident International Employees)</small>	Country: <input type="radio"/> U.S.A. <input type="radio"/> Other:
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Address 1:

Address 2:

City:	State:	Postal Code:

MAILING ADDRESS <input type="checkbox"/> Same as Home Address <small>(Checks, pay advices and W-2 forms will be mailed to this address.)</small>	Country: <input type="radio"/> U.S.A. <input type="radio"/> Other:
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For Non-Resident International Employees, mailing address MUST be a local street address (not P.O. Box or foreign address).

Address 1:

Address 2:

City:	State:	Postal Code:

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Contact Information (cont'd)

Telephone Numbers:			
Home	Campus 1 (for directory)	Additional Phone	Additional Phone Type
			<input type="radio"/> Cellular <input type="radio"/> Pager <input type="radio"/> Fax <input type="radio"/> Other
E-Mail Addresses:			Additional E-Mail Type:
Campus (for directory)	Additional E-Mail		<input type="radio"/> Business <input type="radio"/> Dorm <input type="radio"/> Home <input type="radio"/> Other

Regional Ignore "Date Entitled to Medicare" and Citizenship proof fields

Ethnic Group Definitions (Source: Dept. of Equal Opportunity)	
History Effective Date:	African American: Black, not of Hispanic origin. A person having origins in any of the black racial groups of Africa.
Ethnic Group: (Selection Required)	American Indian/Alaskan Native: A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.
Check boxes in right column for all that apply. Use left column to mark primary group.	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia and the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, Cambodia, Malaysia, Pakistan, Thailand, Vietnam and the Phillipine Islands.
<input type="radio"/> <input type="checkbox"/> African American <input type="radio"/> <input type="checkbox"/> American Indian/Alaskan Native <input type="radio"/> <input type="checkbox"/> Asian <input type="radio"/> <input type="checkbox"/> Caucasian <input type="radio"/> <input type="checkbox"/> Hispanic/Latino <input type="radio"/> <input type="checkbox"/> Chose Not to Disclose <input type="radio"/> <input type="checkbox"/> Native Hawaiian/ Pacific Islander	Caucasian: White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Hispanic/Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. Chose Not to Disclose: Use when entering ethnicity data for an employee who chooses not to disclose ethnicity information. Ethnicity data is used by the University for numerous reporting requirements and it is requested you complete this information as accurately as possible when entering a new hire. Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Military Status: (Voluntary Disclosure -- choose "Not Indicated" if unknown*)		*Copy of DD214 to be sent to the campus HR office if veteran status is being selected.
<input type="radio"/> Not Indicated <input type="radio"/> No Military Service <input type="radio"/> Active Reserve <input type="radio"/> Other Protected Veteran <input type="radio"/> Inactive Reserve <input type="radio"/> Disabled Vietnam Era Vet <input type="radio"/> Disabled Vet <input type="radio"/> Retired Military <input type="radio"/> Vietnam Era Vet	Veteran Definition - (source: U.S. Department of Labor, Veterans' Employment and Training. www.dol.gov/vets) Vietnam Era Veteran: (1) Served in the military, ground, naval or air service of the U.S. on active duty for a period of time more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such activity duty occurred: i) in the Republic of Vietnam between 2/28/61 and 5/7/75; or ii) between 8/5/64 and 5/7/75 in all other cases; or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed: i) in the Republic of Vietnam between 2/28/61 and 5/7/75; or ii) between 8/5/64 and 5/7/75 in all other cases.	

Dept Information/Verifications Employment Eligibility Proof section for HR use only

Effective date -- accept default or change as needed:	Home Dept. Nbr.:	(Home Department Name - autofills)	Campus Box
Background checks	<input type="checkbox"/> Criminal History Records Date: _____ <input type="checkbox"/> Financial History Records Date: _____ <input type="checkbox"/> Motor Vehicle Records Date: _____ <input type="checkbox"/> Other Background Check Date: _____		

Organizational Relationships (use in Add a Person only)

<input type="radio"/> Employee <input type="radio"/> Contingent Worker <input type="radio"/> POI (Person of Interest) -- specify as below:	<input type="radio"/> Affiliate <input type="radio"/> Affiliate -- DHHA <input type="radio"/> Affiliate -- Kaiser <input type="radio"/> Affiliate -- NJH	<input type="radio"/> Affiliate -- PSL <input type="radio"/> Affiliate -- Rose <input type="radio"/> Affiliate -- VA <input type="radio"/> COBRA Qual Participant	<input type="radio"/> Electronic Res Admin <input type="radio"/> External Instructor <input type="radio"/> External Trainee <input type="radio"/> Other	<input type="radio"/> Pre-Employment <input type="radio"/> Regent <input type="radio"/> Security Access <input type="radio"/> Student Athlete <input type="radio"/> Summer Employment Gap	<input type="radio"/> Veterans Administration <input type="radio"/> Visiting Scholar <input type="radio"/> Volunteer <input type="radio"/> Volunteer Clinical Faculty
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Compatibility Report for Personal-Data 12.1.14.xls
Run on 12/1/2014 11:20

The following features in this workbook are not supported by earlier versions of Excel. These features may be lost or degraded when opening this workbook in an earlier version of Excel or if you save this workbook in an earlier file format.

Minor loss of fidelity

of occurrences

Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.

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Version

Excel 97-2003
