

FLORIDA MEMORIAL UNIVERSITY STUDENT HIRE NOTICE

Name: _____

Address: _____
Street City State/Zip

D.O.B. _____ Telephone #: _____

Emergency Contact:

Name: _____

Address: _____

Telephone #: _____

Does the College have permission to release information pertaining to your employment?

YES

NO

Signature: _____

Effective Date: _____

Salary Information:

Charge Account#: _____

Annual: _____

Department: _____

Bi-Weekly: _____

Position Title: _____

Hourly Rate: _____

Employment Terms:

Part Time

Begin Date
End Date

APPROVAL:

Director/Chairperson Date

Vice President Date

President Date