



Associated Students, Inc.

California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6011
(916) 278-5484

New Hire Request

Program Name: _____ IRA or Grant? (circle one)

Supervisor Name: _____ Supervisor Email: _____

Please fill out the following:

Employee Orientation Date (is first date of employment): _____

Employee Name: _____ Job Title: _____

Program Code: _____ Pay Rate: \$ _____ per hour

Sac State Student ID# _____ International Student? Yes or No (Circle one)

I acknowledge that I am the payroll authorized signer for this Grant or IRA and therefore authorize this hire.

Payroll Authorized Signer: _____

Print Name

SignatureM: _____ Date: _____

The following forms are required and will need to be submitted as hard copies to the ASI HR department:

[I-9 Employment Verification Form](#)

[Voluntary Meal Break Waiver](#)

[Notice to Employee Form](#)

[Student Status Verification Financial Aid](#)

ASI Office Use Only

ID Number: _____ Entry: _____ HR: _____ Payroll: _____