

VIMS Student Semi-Monthly Employment Form



Instructions: Complete and submit the form along with any documentation for approvals via DocuSign. AskHR@wm.edu should receive a copy at the end after all approvals are obtained. All combined student employment is limited to no more than 29 hours per week.

Section 1: Employee Information

Name (Last, First): \_\_\_\_\_ Prepared Date: \_\_\_\_\_
Banner ID (93#): \_\_\_\_\_ Action: \_\_\_\_\_
Department Name: \_\_\_\_\_ Department Org: \_\_\_\_\_
District/Division: \_\_\_\_\_ Hiring Location: \_\_\_\_\_

Section 2: Graduate Assistant Position

Position Number: \_\_\_\_\_ IPEDS Primary Function: \_\_\_\_\_
Begin Date: \_\_\_\_\_
End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_
Total Salary: \_\_\_\_\_ Semi-Monthly Rate: \_\_\_\_\_

Section 3: Workshop Position (Hourly)

Position Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_
Hourly Rate: \_\_\_\_\_
Timesheet Approvers: #1 #2
Position Number: \_\_\_\_\_
Name: \_\_\_\_\_

Section 4: Special Notes

[Empty box for special notes]

Section 5: Labor Distribution

Table with 5 columns: Index, Account, Activity, Percent, Amount

Approvals (In DocuSign, AskHR@wm.edu should receive a copy after all approvers have signed)

Supervisor/PI: \_\_\_\_\_ Budget: \_\_\_\_\_
Department Head: \_\_\_\_\_ Spons Programs: \_\_\_\_\_
Graduate Office: \_\_\_\_\_

Preparer of Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_