

**Personnel Request
WSU Department of Entomology**

DATE: _____

TO BE FILLED OUT BY THE EMPLOYEE COMPLETELY.

Name: _____

Address: _____

Email: _____

Phone: _____ Date of Birth: _____

SSN: _____ WSU ID No.: _____

WSU requires disclosure of your Social Security number on this form. The authority for this mandatory disclosure is: 42USC405

WSU will use your Social Security number for only the following purposes: for employment.

Status	Student	Non Student	(Circle One)
Gender	Male	Female	(Circle One)
Work Study	State	Federal	WSU (Circle One)

To Be Filled Out By the Supervisor Completely.

Supervisor: _____

Job Duties: _____

Wage: \$ _____ Hourly Piece Monthly (Circle One)

Begin Date: _____ End Date _____

Comments: _____

To Be Filled Out By the Finance Office

Forms Completed W4: _____ I9: _____

Copies Made for I9: SSN Card: _____ Driver's Lic: _____

Passport: _____ Other: _____

Position No.: _____ Title Code: _____

Conditions for Temporary Employment Signed: Yes: _____ No: _____