

**Kansas State University
College of Veterinary Medicine
Dean's Office, A&P, DM/P and VDL**

**STUDENT EMPLOYEE
PAYROLL INFORMATION**

Employee's Supervisor Must Complete:
Start Date _____
Pay Rate: _____
Account/Project Number _____
Will employee work with animals? ____ No ____ Yes
Supervisor Signature _____

Contact Susan Ekstrum (785-532-4023; ekstrum@vet.k-state.edu) or Peggy Howerton (785-532-4014; phowerton@vet.k-state.edu) to schedule a time to complete your payroll appointment forms. You will need to provide personal documentation for verification of employment eligibility, your social security card for payroll purposes, and a voided check for direct deposit of your paycheck.

Name _____ **Social Security Number** _____

KSU E-Mail Address _____ **Wildcat ID Number** _____

Are you a College of Veterinary Medicine student? ____ NO ____ YES

Have you ever worked for KSU or the State of Kansas before? ____ NO ____ YES

If yes, where and when _____

Marital Status:

Single Married Divorced Widowed Separated Head of Household Common-law

Local Mailing Address:	Permanent Address:
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____
County Abbreviation _____	County Abbreviation _____

Phone Numbers: Home _____ Other Phone _____

In case of emergency, contact (name, phone number and relationship) _____

Gender: Male Female

Highest level of education:

High School Graduate/GED Technical School Some College Some Grad School
2 year College Degree Bachelor's Degree Master's Degree Doctorate Post-Doctorate

Date of Birth (MM/DD/YY): _____

Ethnic Group: American Indian/Alaskan Native Asian Black/African American
Hispanic/Latino Native Hawaiian/Oth Pac Island White

Military Status: No Military Svc Active Reserve Inactive Reserve Vietnam Veteran Other Veteran Retired

Citizenship Status: Native Naturalized Alien Permanent Alien Temporary

If you are not a U.S. citizen, please provide:

VISA Type _____ Issue Date _____ Expiration Date _____ Arrival date in U.S.: _____