

**Kansas State University
College of Veterinary Medicine
VMTH/CLINICAL SCIENCES**

**STUDENT EMPLOYEE
PAYROLL INFORMATION**

| |
|---|
| Employee's Supervisor Must Complete: |
| Start Date _____ |
| Pay Rate: _____ |
| Account/Project Number _____ |
| Will employee work with animals? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Supervisor Signature _____ |

Contact Loryn Clauson (785-532-4126; loryn@vet.k-state.edu) or Robyn Dreher (785-532-4305; rdreher@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.: _____