

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

**STUDENT EMPLOYEE  
PAYROLL INFORMATION**

In order to comply with US Homeland Security Department regulations, **all students must complete an I-9 form prior to or no later than the first day of work** in the HR office.

*Failure to have a completed I-9 form on file with the College may result in immediate termination of employment.*

**Employee's Supervisor Must Complete:**

Start Date \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Account/Project Number \_\_\_\_\_

Will employee work with animals? ☐ No ☐ Yes

Supervisor Signature \_\_\_\_\_

Contact Robyn Dreher at [cshe@vet.k-state.edu](mailto:cshe@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.

**PLEASE NOTE:** You may not begin work until all payroll paperwork has been completed with HR.

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:**

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

County Abbreviation \_\_\_\_\_

**Permanent Address:**

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

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.: \_\_\_\_\_