

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

**STUDENT EMPLOYEE  
PAYROLL INFORMATION**

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

Contact Jaci Begnoche (785-532-4426; [jbegnoche@vet.k-state.edu](mailto:jbegnoche@vet.k-state.edu) ) or Amanda McDiffett (785-532-4015; [amcdiffe@vet.k-state.edu](mailto:amcdiffe@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 blank 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:**

<b>Local Mailing Address:</b> Address _____ City, State, ZIP _____ County Abbreviation _____	<b>Permanent Address if different:</b> Address _____ City, State, ZIP _____ County Abbreviation _____
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**Phone Numbers:** Home \_\_\_\_\_ Other Phone \_\_\_\_\_

**In case of emergency, contact:** (name, phone number and relationship) \_\_\_\_\_

**Gender:** Male Female

**Highest level of education:**

**Date of Birth (MM/DD/YY):** \_\_\_\_\_

**Ethnic Group:**

**Military Status:**

**Citizenship Status:**

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

VISA Type Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Arrival date in U.S. \_\_\_\_\_