

**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 Rachael Robben (785-532-3042; [robben@vet.k-state.edu](mailto:robben@vet.k-state.edu)) or Erin Wilson (785-532-4015; [elwilson@vet.k-state.edu](mailto:elwilson@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:**

Single      Married      Divorced      Widowed      Separated      Head of Household      Common-law

<b>Local Mailing Address:</b>	<b>Permanent Address if different:</b>
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/Other 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.: \_\_\_\_\_