

CAMPBELL

UNIVERSITY

INSTITUTIONAL JOB ASSIGNMENT FORM

(Please Print)

YEAR _____

SEMESTER _____

LAST NAME _____

FIRST NAME _____

M.I. _____

STUDENT ID# _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

WEEKLY HOURS _____

(TO BE COMPLETED BY DEPT HEAD, MAXIMUM OF 25 HR FOR ALL JOBS COMBINED)

SALARY (minimum wage) _____

DEPARTMENT _____

DEPT HEAD _____

SUPERVISOR _____

HAVE YOU WORKED AT CAMPBELL UNIVERSITY WITHIN THE PAST YEAR? ☐ YES ☐ NO

I, _____, understand that my employment with Campbell University by way of this institutional work assignment is considered "at-will"; that is, either Campbell University or myself may end the employment relationship at any time, with or without cause, and without advance notice. I agree to render faithful service to Campbell University and the Department to which I am assigned. It will be my responsibility to work as scheduled or inform the department head of anticipated absences under normal conditions. I understand that failure to adhere to the above guidelines may result in termination of my institutional work assignment.

Student's Signature _____ Date _____

Once you have secured employment (with the Department Head's signature below), take this agreement to the university's Human Resources office (95 Bolton Rd. Buies Creek, NC 27506 ph.910-893-1699) to complete the personnel forms. You will need to provide your **routing or transit and account numbers for your bank account, along with two forms of legal identification (driver's license and social security card or passport)** to prove your eligibility to work in the U.S.

Payroll is processed monthly. The pay period is from the 16th of the month through the 15th of the following month. Your pay will be direct deposited into your checking account on the last working day of each month, except for December, when it will be deposited on the last day of exams.

DEPARTMENT ACCOUNT NUMBER TO BE CHARGED 10-0- _____ -51202-0 _____

DEPARTMENT HEAD SIGNATURE

HUMAN RESOURCES SIGNATURE

DATE

DATE