



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

Student Employment Referral

Office of Career Services
Phone: 585 395 2468 Fax: 585 395 2708
www.brockport.edu/career/

Supervisors: Please print the following. **ALL FIELDS ARE REQUIRED.**

Payroll Type (circle one)

Temporary Service Work-Study* BASC

*WS eligibility and award amount are determined by Financial Aid. This may be confirmed by the Banner RJASEAR screen, or a call to us at the number above. The student also may find out by using Web for Banner (PIN required).

Student Name _____

Banner # _____ - _____ - _____ SS (last 4 digits) _____

Dept. _____

Account # _____ (for TS or WS only, WS accounts are 211515 or 211565– plus two additional digits)

Wage Rate \$ _____ (WS students start at minimum wage per hour; justifications may be needed for wage increases above minimum)

Actual Starting Date _____

Supervisor Name _____

NEW Supervisor Email _____

Students: Bring this form to Student Employment Office, 1st floor, Rakov Center. Bring a college ID or other photo ID, and proof of US citizenship (birth certificate, Social Security card, or US Passport). Foreign students: Call 2468 for instructions.