

Boston College

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Name _____ Eagle ID _____

Local Address _____

Permanent Home Address _____

Home Phone _____ Work Phone _____

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Agency Name _____

Job Title _____ Job Class 920 _____

Boston College Assigned Account Number _____

Begin Date _____ End Date _____

Rate of Pay _____

Average Number of Hours Per Week _____ Number of Weeks _____

Agency Authorization Signature _____ Date _____

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J c m . " E j g u v p w v " J k m . " O C " 2 4 6 8 9 0 " V j k u " h q t o " e c p p q v " d g " h c z g f 0

Academic Year Summer Work-Study Amount _____

I-9 Completed Yes No

A new BC Student Employee Yes No

Payroll Form Statement Completed Yes No

Approved by _____ Date _____

Job Request No. _____

Instructions for Completing this Hire/Rehire Form

Student:

Complete the student data section. If you are a new employee to Boston College, please be certain that your