

61st Street Service Corporation

Tel: 212-326-8462

Fax: 212-326-8700

Date of Request _____

Name:

Please Print

Department/ Division

Social Security #

Date of Birth:

Hire Date:

Job Title:

Annual Salary / Hourly Rate:

Weekly Base Hours: (30, 35, 37.5 or 40)

Position Status: (FT, PTR, PT, TEMP, Per Diem)

Overtime Eligibility: (Exempt or Non – Exempt)

Vacation Allotment:

Scheduled Time: In/Out

Work Location & address

(Pls. include complete mailing address)

Work Telephone:

Supervisor's Name :

Supervisor's Tel. Number :

Supervisor's Fax #: (Please Ensure Privacy)

Col. Univ. Fas Acct: (for CU Depts. Only)

Department Administrator:

Please Print

Department Administrator:

Signature

Completed requests must be received 7 business days prior to start date.