Instructionsto Complete theForm

Hiring Department

Type of I	Hire:				
Si	tudent(RS, WS, ZS)		GraduateAssistant (GA,GTA,GRA,ZG)		
Te	emporary(U3, U4U∙ ï U	• ð)	Lecturer (LP)		
Employe First Nar	e Information: ne:				
Middle N	lame or Initial: (optional)				
Last Nar	ne:				
WSUID:((if available)				
Email: No	on-WSU email				Yes t USCitizer
Personal	Phone Number:				
Position OrgNum	<u>hformation</u> ber:				
•] Œ	First Day of Work:				
End Date	e: (All Temps, Lecturers	s, and	l Grads)		