

OGSM STUDENT WORK ASSIGNMENT FORM

STUDENT WORK ASSIGNMENT FORM (SWAF)

Return to OGSM via email at StudentWorkers@Owen.Vanderbilt.Edu or to the Forms Mailbox. (This is a locked wooden mailbox just outside Suite 300 on the left before you walk through the double doors.)

1. FULL LEGAL NAME: _____
 PREFERRED NAME: _____ CURRENT DATE: _____
2. ✓ One: Undergraduate Other Graduate School (school name) _____
 Professional: OGSM ____ Law ____ Peabody ____ Divinity ____ (please check school)
3. GENDER: FEMALE MALE DO NOT WISH TO DISCLOSE
4. DATE OF BIRTH: _____ (MM/DD/YYYY)
5. HAVE YOU WORKED ON CAMPUS FOR THE LAST 3 YEARS WITHOUT A YEAR OR MORE BREAK? (SUMMERS DO NOT COUNT AS A BREAK)
 NO YES (IF YES YOU DO NOT NEED TO COMPLETE A W-4 OR I-9 AGAIN)
6. VUNET ID _____ OR COMMODORE CARD ID _____
7. HOME ADDRESS: _____
 COUNTRY: _____ CITY: _____ STATE: _____
 ZIP: _____ COUNTY: _____
8. PHONE #: _____ EMAIL: _____
9. MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED OTHER _____
10. CITIZENSHIP STATUS: USA OTHER _____ (COUNTRY)
11. WHICH OGSM PROFESSOR/DEPARTMENT WILL YOU BE WORKING FOR? _____
12. ARE YOU PARTICIPATING IN THE WORK STUDY PROGRAM? (Yes or No) _____

IN THE PAST, HAVE YOU WORKED FOR...	YES OR NO	IF YES, WHAT PROFESSOR/ DEPARTMENT?
VANDERBILT UNIVERSITY?		
OWEN GRADUATE SCHOOL OF MANAGEMENT?		

13. WILL YOU BE **SIMULTANEOUSLY EMPLOYED** BY AN OGSM PROFESSOR/DEPARTMENT AND A DIFFERENT VANDERBILT UNIVERSITY DEPARTMENT? YES NO IF YES, OTHER THAN OGSM, WHAT PROFESSOR/DEPARTMENT? _____ # OF HOURS PER WEEK _____