



TEXAS SOUTHERN UNIVERSITY

Office of Student Financial Assistance

Ph: 713-313-7071 • Fax: 713-313-1859 • financialaid@tsu.edu • www.em.tsu.edu

Work-Study Personnel Action Form (PAF)

1) Complete and sign the PAF. Attach all appropriate documentation and return the Personnel Action Form (PAF) to the Office of Student Financial Assistance. 2) The student and supervisor's eligibility to participate will be confirmed. 3) A student may not begin working until all signatures have been provided from the student, supervisor, back-up supervisor, and work-study coordinator.

SECTION A: STUDENT ONLY

Last Name: _____ First Name: _____

T-Number: _____ Email: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Work Location) Building: _____ Department: _____

I have received and/or viewed the Work-Study Success Guide. I acknowledge that I understand all the material presented therein and agree to abide thereby.

Student's Signature _____ Date _____

SECTION B: SUPERVISOR ONLY Position Title: _____ Dept: _____

Last Name: _____ First Name: _____

Banner ID: _____ T-Number: _____ Phone: _____

Supervisor Email: _____ Fax: _____

Back-Up Supervisor: _____ Phone: _____

Back-Up Supervisor Email: _____ Fax: _____

Hourly Rate of Pay: \$ _____ Pay Level: SA1 SA2 SA3

Supervisor's Signature _____ Date _____ Back-up Supervisor's Signature _____ Date _____

SECTION C: OFFICE OF STUDENT ASSISTANCE ONLY: (Do not write below this line)

For Office Use Only

Personnel Action Form (PAF)					Pay Level:	
Award Letter	Fall	Spring	Summer I	Summer II	Amount: \$	Hourly Rate: &
Personal Data Sheet						
Job Posting Sheet						
I-9 Form & IDs (driver's license, social security card, school ID, passport, etc)						
W-4 Form (Tax Withholdings)						
Code of Responsibility for Security & Confidentiality of University Information						
Student Compliance Form-Rules, Regulations, and Responsibilities						
Work/Class Schedule Form						
Printed Copy of Class Schedule						
Orientation Certificate of Completion					Date: _____	
Placement Code:						
Effective Date Supervisor Eligible to Participate in Program					Date: _____	
Work-Study Coordinator Signature					Date: _____	

Updated: 28JUNE2012

Please send your documents to:

Texas Southern University

Office of Student Financial Assistance

3100 Cleburne Street • Houston, TX 77004

Personal Data Sheet



OFFICE OF HUMAN RESOURCES

Staff
Faculty
Student
(Please Print Clearly)

Last Name	First Name	MI
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(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)

Home E-mail	Alternate E-mail
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Home Address (Must be in Texas)	City	County	State	Zip Code
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Mailing Address (If different)	City	County	State	Zip Code
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Home Telephone Number	Social Security Number	Birthdate
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A social security number (SSN) MUST be provided. If you do not have a SSN, you must provide a copy of your SSN application receipt.

School or College/ Department	Hiring Supervisor's Name
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Job Title	Building Location / Extension
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***Gender :**

- Female
- Male

Position:

- Dean
- Division Chairperson
- Department Head
- Full Professor
- Associate Professor
- Assistant Professor
- Instructor
- Adjunct Professor
- Adjunct Instructor
- Staff
- Student

***Race/Ethnicity:**

- White -- (not of Hispanic Origin) *A person having origins in the original people of Europe, North Africa or the Middle East*
- Black -- (not of Hispanic Origin) *A person having origins in any of the black racial groups of Africa or the Caribbean*
- Hispanic -- *A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race*
- Asian/Pacific Islander – *A persons from or descendent of any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. To include people from China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan*
- Native American/Alaskan Native – *A person from or descendent of any of the original people of North America or who maintains cultural identification through tribal affiliation or community recognition*

***Disability Status:** (Voluntary Disclosure)

- No/None Disclosed
- Yes, I have a physical or mental impairment that substantially limits one or more major life activities

Marital Status:

- Divorced
- Married
- Separated
- Single
- Widowed

Have you ever worked for a State of Texas Agency?

- Yes
- No

Citizenship Statement:

- Citizen of the United States
- Lawful Permanent Resident
- Alien authorized to work in the U.S.A. #
- Naturalized Citizen

If yes, please give dates:
Is this a **direct transfer** from another State of Texas agency?

If yes, please give the name of the agency:

*This information is for internal purposes and/or federal/state reporting requirements. No adverse action employment action will be based upon the information you report.

A social security number (SSN) MUST be provided. If you do not have a SSN, you must provide a copy of your SSN application receipt.

Initials: _____

Emergency Contact Information

In the event of an emergency, would you like us to contact a family member or friend?

If so, please provide contact information below.

Name	Relationship	Home Phone	Work Phone	Alternative

Public Access Authorization

The 74th Legislature passed House Bill (HB) 1718, revising the statutes related to the disclosure of certain employee information. HB 1718 requires each employee or official of a governmental body to choose whether to allow public access to information in the custody of the governmental body. If you do not want the University to make your home address, home telephone number, social security number, or family member information available to the public, you must notify the University in writing. Once written notification is received, it will remain in effect until you provide written notice that you wish to reverse your decision. ***If an employee fails to declare this information as confidential, the information will be subject to public access.***

If you ask the University to deny public access to this information, it will not be used in published directories, nor included on lists of employees secured from our files under the Public Information Act by private firms or individuals. The information will not be given to **anyone else** who may request it, as long as your authorization to deny access has not been reversed. The information will be used by the University, however, for any official business purpose, including mailing correspondence and informational materials to your home address.

PLEASE CHECK ONLY ONE: IF YOU CHECK MORE THAN ONE OR NONE, THE INFORMATION WILL BE SUBJECT TO PUBLIC ACCESS.

PUBLIC ACCESS *Disclose home address/telephone number, SSN, and family information.*

NO PUBLIC ACCESS *Conceal home address/telephone number, SSN, and family information.*

Selective Service Registration

Effective September 1, 1999, House Bill (HB) 558, Section 651.005 prohibits an agency in any branch of state government from hiring a person as an employee if the person is of the age and gender that would require a person residing in the United States to register with the selective service system under federal law, unless the person presents proof of the person's registration with the selective service system, or proof of the person's exemption from registration with the selective service system.

I am required by law to be registered with the selective service system.

Acknowledge Card # _____ **Eligible Date** _____ **Expiration Date** _____

I am exempt from Selective Service Registration because:

I am female

I am a male who is not between the ages of 18 and 26 years of age

I am a lawful non-immigrant on a visa (e.g. foreign students)

Initials: _____

Veteran Status

None

Other Protected Vietnam Only

Vietnam Veteran Only

Both Vietnam/other Eligible Veteran

Disable Veteran

Personnel Documents Receipt

I certify that I have been furnished information about the following:

1. Texas House Bill 590 regarding State of Texas Ethics
2. A Guide of Ethics Laws for State Officers and Employees
3. Texas Southern University Ethics Policy
4. The University Personnel Manual
5. Confidentiality of information
6. Drug and Alcohol Abuse Prevention Policy

I certify that the above information is true and correct to the best of my knowledge.

Employee's Signature

Date



Code of Responsibility for Security and Confidentiality of University Information

Security and confidentiality of records is a matter of concern for all University personal who have access to any University paper files or any internal/external records. The databases are a repository for computerized information stored in the centralized computer system of Texas Southern University and maintained by the owners. This includes, but is not limited to records associated with the functions of the following offices: the Office of Student Financial Assistance, Admissions, Registrar, Enrollment Management, the Bursar's, Human Resources, Student Accounts as well as student academic and financial history. Individuals working with Texas Southern University records hold a position of trust and must recognize the responsibilities of preserving the security and confidentiality of the information. Since a person's conduct either on or off the job may threaten the security and confidentiality of the files. Any employee or person with authorized access to these records is expected:

- not to make or permit unauthorized use of any information in the files. Unauthorized use includes reviewing records for personal use or at the request of friends.
• not to seek personal benefits or permit another to personally benefit by any confidential information which has come to him/her through work assignment(s).
• not to exhibit or divulge the contents of any record, report, or any information gain from verbal exchanges to any person except in the conduct of their regular assignment.
• not to knowingly include or cause to be included in any record or any report with a false, inaccurate or misleading entry.
• not to remove any official record or report (or copy) from the office where it is kept except in performance or regular duties or in a case where prior approval has been given.
• not to operate or request others to operate any University equipment, even if doing so would fall in range of tasks routinely performed as part of his/her work assignment.
• not to aid, or act in conspiracy with any other person to violate any part of this code.
• To immediately report any violation of this code to the supervisor. Violation of this code will be referred to the supervisor and appropriate University authority. Violation of this code may lead to suspension, dismissal, or other corrective action consistent with the general policies of the University.

By signing this document, I am certifying that I, _____, agree to comply with its stipulations.

Signature

Date

Printed Name

SSN or T Number



STUDENT COMPLIANCE FORM RULES, REGULATIONS, AND RESPONSIBILITIES

The list below contains a summary of the rules, regulations and responsibilities for the Federal and State College Work-Study program. Failure to comply with any of the items listed below may result in termination and cancellation of your federal or state college work-study award. Read each statement and initial each one. Sign and return the form to the Office of Student Financial Assistance.

1. _____ I must complete, sign and submit a Personnel Action Form, W-4, I-9 form, Confidentiality Statement and Policies for Student Employee Form to the Office of Student Financial Assistance prior to beginning to work.
2. _____ I must be enrolled in a minimum of 6 hours and maintain the minimum satisfactory academic progress requirements to remain eligible for college work-study.
3. _____ I must provide my supervisor and the College Work-Study Coordinator a copy of my official class and work schedule.
4. _____ I must arrange a work schedule with my supervisor and report to work consistently and on-time according to the scheduled hours.
5. _____ I must dress appropriately for the work-environment specifically neat, clean clothing. Clothing with tears or holes, displaying vulgar or offensive language or excessive body exposure or extremely close fitting are considered unacceptable.
6. _____ I must maintain a daily record of hours earned with my supervisor.
7. _____ I must monitor my hours earned at all times to ensure I do not exceed 8 hours per day and 20 hours a week, have not entered time during dead times or holidays (without the express consent of the Office of Student Financial Assistance, and have not exceeded my federal college work-study award for each fall and spring term.
8. _____ I understand that student employees are permitted to have a 15 minute break for every four consecutive hours of work. Student workers that work than five (5) consecutive hours in a day will be allowed to take a minimum one-hour break.
9. _____ I must enter my time error free according to the established dates distributed by the Office of Student Financial Assistance prior to the established deadlines. Failure to submit time by the established deadline will result in the student worker forfeiting time for that month and receiving remittance at the next established pay date. Two sequential violations may mean termination from the college work-study program for an inability to maintain compliance.
10. _____ I understand that I am not allowed to work during scheduled class periods.
11. _____ I understand that I will not be paid for hours worked for dropped courses unless I have provided a copy of my official drop form to the Office of Student Financial Assistance.
12. _____ I understand that I will be paid on the 1st working day of each month.
13. _____ I understand that the a job performance evaluation will be performed and will become part of my employment record

Please send your documents to:

Texas Southern University

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- 14._____ Student employees are not permitted to leave early without the permission of the supervisor. Student employees should contact the supervisor per departmental protocol to provide ample notification of late arrivals, unforeseen illness, or request time off.
- 15._____ The department/college computers are university property and may not be used for personal projects (without the supervisor’s permission), games, surfing the internet or visitation of sites of a sexually explicit nature.
- 16._____ Office supplies and equipment are to be used only for university purposes and not for any individual personal use.
- 17._____ I am aware that as a rule personal work and studying should not be done on university time.
- 18._____ I understand that student employees do not receive sick leave, vacation, or holiday pay.
- 19._____ I understand that as a federal or state work-study employee I am employed under “an hour’s pay for an hour’s work arrangement.” I cannot be paid a flat-rate, commission or salary.
- 20._____ Students should receive permission before making personal telephone calls during working hours. Personal long distance calls are not to be made using work/office telephones.
- 21._____ I understand that I may be terminated by the employing department or the Student Employment Office for any of the following reasons:
 - A. failure to remain enrolled in a minimum of 6 hours
 - B. failure to maintain the minimum satisfactory academic progress requirements
 - C. absences on three consecutive work days without permission.
 - D. excessive absences or tardiness
 - E. poor job performance, major or minor offenses, theft or gross insubordination.
- 22._____ I understand that my work-study assignment could be revoked at any time by the Office of Student Financial Assistance, in order to maintain compliance, protect the integrity of the program and/or stay within the annual work-study allocation.

By signing this form, I acknowledge that I have read and fully understand the Policies for the Student Employee and Statement of Student Rights and Responsibilities. I further understand that failure to comply will result in employment termination and cancellation of my federal or state college work-study award(s).

Printed Name

Signature

T Number of SSN

Date

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Office of Student Financial Assistance
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Work-Study Student Work/Class Schedule

Updated:
08MAR2012

Name:

T-Number:

Local Address:

Phone:

Permanent Address:

Semester:

Year:

() Freshman () Sophomore () Junior () Senior

Class Schedule:

Email:

CLASS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

(Please indicate A.M. or P.M. when indicating class hours)

Total Hours:

Work Schedule: NOTE: When making your work schedule, please base it around your class schedule keeping in mind that you can only work 8 hrs per day and 20 hrs per week with no class conflicts. (If class is canceled, student must report to work at his/her usual time). If student drops a class, it is very important that the work-study coordinator receives a copy of the official drop form.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN							
OUT							
IN							
OUT							
Total Hours Per Day							

Total Hours per Week:

If my work schedule changes, it is my responsibility to coordinate a new work schedule with my supervisor and submit updated work schedule to the CWS Coordinate immediately. Failure to submit updated work schedule could affect the amount I receive on my monthly paycheck.

Student Signature _____ Date ____/____/____

Supervisor Signature _____ Date ____/____/____

Work Study/Designee Signature _____ Date ____/____/____

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