

**STUDENT PERSONNEL ACTION FORM**  
**INSTRUCTIONS FOR COMPLETING STUDENT PERSONNEL ACTION FORM**

D	C	B	A	Calling All Saints Security & Safety	Dining Services
\$7.70	\$7.90	\$8.10	\$8.30	\$8.50	\$10.40

**1. COMPLETE THIS ENTIRE FORM**

Employers must also complete the NYS Notice of Pay form (found on the back). A signed copy of this form must be submitted to the Financial Aid Office before the student begins working. See reverse side for instructions.

**2. Employment paperwork must be completed by ALL new hires (students who have never worked at SLU) PRIOR TO START DATE.**

**3. Terminating a student**

When terminating a student, please notify the Financial Aid Office at [finaid@stlawu.edu](mailto:finaid@stlawu.edu)

**NOTE:** New Student positions are created by completing a job description form and submitting it to the Financial Aid Office for approval. Job description forms can be obtained from the Financial Aid Office

**Student Name (PRINT)** \_\_\_\_\_ **SLU ID #** \_\_\_\_\_

**Department** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Pay Grade Level for Position:**

**A**  **B**  **C**  **D**  **CAS/SEC**  **DS**  **Stipend** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Supervisor's Name (PRINT)** \_\_\_\_\_

**Academic Dept Chair's Name (PRINT)** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**NYS FORM** \_\_\_\_\_

**PAY RATE** \_\_\_\_\_

**I9** \_\_\_\_\_

**POS #** \_\_\_\_\_

**W/S** \_\_\_\_\_

**ENTERED** \_\_\_\_\_



Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees

1. Employer Information

Name: St. Lawrence University

Doing Business As (DBA) Name(s):

FEIN (optional): 15-0532239

Physical Address:

Financial Aid Office
Payson Hall

Mailing Address:

23 Romoda Drive
Canton, NY 13617

Phone: 315-229-5269

3. Employee's rate of pay:

\$ per hour

4. Allowances taken:

- None
Tips per hour
Meals per meal
Lodging
Other

5. Regular payday:

6. Pay is:

- Weekly
Bi-weekly
Other

7. Overtime Pay Rate:

\$ per hour (This must be at least

1 1/2 times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:

- I have been given this pay notice in English because it is my primary language.
My primary language is. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name

Employee Signature

Date

Preparer's Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

2. Notice given:

- At hiring
Before a change in pay rate(s), allowances claimed or payday