

**Yale University Library
Personnel Action Form
For Student Positions**

Please complete this form and submit it to Library Human Resources along with your Interview Referral Form to assure that the student employee is placed on the Library Payroll.

() New () Rehire
() Request To Change Job Level: Present New Level

Department / Unit: Supervisor's Telephone #:

Complete Organization Name:

PTAEO#:

Job Level: Hours Per Week:

First Day of Work: Ending Date, if Known:

Employee Name: SS#:

DOB: Current Phone:

Local Address:

City: State: Zip:

Permanent Address:

City: State: Zip:

Race: Sex: Single: Married:

U.S. Citizen: If not a U.S. Citizen, please note Country of Citizenship:

If not a U.S. Citizen, is person legally authorized to work in the United States: () Yes () No

If yes, until what date is person authorized to work until (month, day and year):

Has person ever worked for the library: () Yes () No If yes, last year worked:

Yale student: () Yes () No If yes, () Graduate () Undergraduate

Month/Year Planned Graduation (/)

If Yale Student: () Financial Aid () Non-financial Aid

Supervisor's Signature Date

Department Head's Signature Date