

Boston University Metropolitan College

MET Payroll New Employee Form

		TO BE COMPLETED E	BY EMPLOYEE		
Full Name:					
Last Address:	i.		First		M.I.
	et Address				Apartment/Unit #
City	,			State	ZIP Code
Home Phone: ()	Alterna	ate Phone: ()	
E-mail:					
Date of Birth:		Gender: Male □	Female □		
Social Security Num	ber (To provide your S	SSN, please contact the individual bel	ow that correspo	onds to your hiring d	ept/status.)
MET Staff/Faculty Sergio Lemos Phone: 617-353-297	7 4	Center for Professional E Jessica Merrick Phone: 617-358-2272	ducation	Food & Wine Jessica Haba Phone: 617-3	lou
Are you a current Bl	J student? Yes □	No □ BU I.D.:		_ Est. Grad. Dat	e:
Prior BU employment/affiliation? Yes □ No □ BU I.D.:					
Check one of the fol	lowing:				
☐ A citizen of the U					
☐ A lawful permane	ent resident (Alien	#)			
☐ An alien authoriz	ed to work (Alien ‡	# or Admission #)			
 Prior to the first Boston Univers Within the first Resources depair Full instructions 	rm I-9 within their t day of the month ity Electronic Form three days of the artment (25 Buick !	month of your assignment sta Street) to complete Section 2 e Form I-9 is also located at t	nt. nplete Section art, meet with of the Form I	an Onboard Spe	-9 Form at the ecialist in the Human
Signature:					Date:
<u> </u>					
		TO BE COMPLETED BY M	ET DEAN'S OFFC	IE	
Employee's Social Securit					
		 Depa	rtment:		
		Location:			
If employee is filling a vac	cant position, please inc				