National Bureau of Economic Research

Personnel Action Form (Casual Hourly Research Assistant Version)

Please use http://www.nber.org/sendthisfile to electronically send payroll forms securely to the NBER.

Personal Information :

Last name, first name, middle initial : _____

Current Address: _____

_____

_____

Home Telephone Number : _____

Email Address (required) : _____

Permanent Address and phone #: _____

(if different from your current address) _____

_____

Status: ☐ Graduate Student ☐ Undergraduate Student ☐ Other

Position Information :

Job Title : _____

Supervisor's Name : _____

Expected Hours of Work per Week: _____

Work Location (City, State and Zip Code) _____

Work Telephone Number: _____

Effective Date : _____

Hourly Rate of Pay: _____

Grant Allocation :

NBER Account Number(s)	Project Name(s)	% of Effort	Project Termination Date

NSF Grants:

Date Completed Responsible Conduct of Research Training: _____

(See attached memo for additional information.)

Statistical Data:

Please complete below and the attached self-identification forms. This information is requested to enable compliance with Federal and State regulations and will be held in strict confidence.

Date of Birth: _____

Country of Citizenship: _____

Visa type (if applicable): _____

Visa end date: _____

I would like my paychecks:

☐ deposited directly into my bank account ☐ sent to my current address ☐ held at the NBER

I would like my paystubs:

☐ held at NBER ☐ sent to my current address

I have read and received the Statement Regarding the NBER Electronic Disclosures of Plan Information (the Statement) included in this packet. I fully understand the Statement. I consent to receiving the type of documents described in the Statement by electronic means at the email address above. I understand that if my email address changes, I must promptly notify the NBER by going to http://www.nber.org/prefs/change_info.pl. I confirm that I have the ability to access information in the electronic form described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document in the manner described in the Statement. I understand that I can withdraw this consent at any time by going to **nber.org/edpi** and providing my name, mailing address and email address.

☐ I choose to receive this information by email. ☐ I choose to receive this information by paper mail.

Research Assistant's Signature:

I understand that I am an employee at will and that my employment may be terminated at any time by either myself of the NBER. Under no circumstance will my employment continue beyond the termination date of the grant listed in the Grant Allocation Section of this form. I understand that it is my responsibility to update the NBER with any address changes so that I will receive my W-2 in a timely fashion. I acknowledge receipt of the information in the new hire packet, including the Drug Free Workplace Policy and the Marketplace Exchange Notice.

_____ _____

Research Assistant's Signature Date

Approval Signatures :

Project Director(s) : _____ Date : _____

Office of the President: _____ Date: _____

If you would prefer to return the materials electronically, please send them through this secure website

http://www.nber.org/sendthisfile/

Please do not return the forms via regular email.