



## REHIRE UPDATE

Student Assistant	Work Study
Name of Student _____	
Rehire Date _____	Rate of Pay _____ Student I.D. Number _____
Address _____	
City _____	Zip _____ Phone _____
Associated Students Department _____	
Job Title _____	Class _____
Supervisor Signature _____	Contact number _____

**Employee, W-4 Withholding:**

It is the employee's responsibility to update and review W-4 withholding information on an annual basis. Forms available in the A.S. Accounting Services Office. (818) 677-2389