

OUTREACH RESEARCH PARTICIPANT (Student Worker) HIRING INSTRUCTIONS

The Stritch School of Medicine will be following the University's process for hiring Student Workers as Outreach Research Intern Participants. ***An Outreach Research Intern is a temporary hire (12 weeks or less).*** (Anyone hired for **more than 12 weeks** will need to go through the usual HR Employment hiring procedure).

A complete Appointment Request Form in addition to a paper EIF form is required to initiate the necessary paperwork through the University's HR/Payroll System. Information must be emailed to Tina Rutschman trutschman@luc.edu at least **14-21 days prior** to the hire/start date. The specific hiring documents will be completed by the intern electronically through the University's Work Bright System. Tina will initiate the process in Work Bright which will then be sent to the intern electronically for completion. **If this is a REHIRE**, please indicate this on the Appointment Request Form below and verify with the intern that direct deposit and addresses remain the same. If information has changed, please instruct the intern to access the [Employee Self-Service \(ESS\) Portal](#) to make any necessary changes.

Outreach Research Intern	* Outreach Research Interns having Contact with Live Animals
Appointment Request Form	Appointment Request Form
EIF (Employee Information Form)	EIF (Employee Information Form)
Photo ID: Drivers License or Passport	Photo ID: Driver's License or Passport
	Employee Physical and TB Screen (PAID by the Department).
	Post Hire Physical Face Sheet needs to be completed and submitted to Employee Health at the time of the appointment.

** Interns having animal contact will be required to have an Employee Physical and a TB Screen at the Department's expense. Once approvals are in place, the Administrator will arrange for an Employee Health Appointment. Please complete the Post-Hire Physical Face Sheet for HSC Summer Outreach Interns **working with animals**. This form is available by [CLICKING HERE](#). Once cleared by Employee Health – HR will notify the department administrator. The intern can then start.*

IMPORTANT NOTES:

- All research mentors (those having day to day supervision of the intern) working with Outreach Research Interns **under the age of 18** must comply with requirements for a criminal background check and DCFS training. The cost for the criminal background checks is \$78.50 and will be paid by the department. Criminal background checks take 2-3 days to complete and the paperwork will not be processed until it is complete and the online DCFS training is complete.
- **Interns will have no access to Patient Health Information (PHI) and will see no patients.**
- Each Intern will be paid hourly and will be included in the Kronos system. **Minimum wage is currently \$16.60/hour (as of 7/1/25).** Salary is to be determined by the department based on the responsibilities of the Intern; Suggested maximum is \$16.60/hour.
- Department Administrators will onboard these hires and arrange for a Department Orientation/ Department Safety Training.
- Departments will oversee time worked and review/approve hours in the Kronos Timecard System. Interns are not eligible for overtime, holiday pay, or other paid time off.
- All Interns **will start on a Monday** by reporting to the department and will be escorted to Parking for an ID. A Lawson ID# is required before an ID can be generated. HR will facilitate the request for a Lawson ID#; Parking will have these on record.
- The I-9 form is included in the New Hire Packet within Work Bright for the intern to complete. Every intern must submit this form once. Students may not begin working until Human Resources has received the completed I-9 form.
- Completed Personnel Fact Sheets and completed EIFs will go to the Office of the Vice Provost for Research for review and approval. The ORS-HSC will notify the Administrator/Department Contact when ePAFs have been submitted (for returning interns) or when New Hire Packets have been electronically sent to applicants.



LOYOLA UNIVERSITY CHICAGO

Health Sciences Campus

OUTREACH RESEARCH INTERN PROGRAM

Appointment Request Form

Returning Intern? YES NO

New Intern? YES NO

This Section is to be completed by the Intern – PLEASE PRINT

Intern Name: _____ Mentor Name: _____

Citizenship/Visa: _____ Email Address: _____

Currently Enrolled At: _____

Highest Degree Conferred: H.S. _____ B.S./B.A. _____ M.S. _____

This Section to be completed by the Department:

Start Date (00/00/0000) _____ End Date (00/00/0000) _____

DESCRIPTION OF ACTIVITIES WHILE AT LOYOLA (If more space is needed, add attachment; include laboratory/clinic location and any potential exposure to hazardous agents or conditions): **PLEASE NOTE: INTERNS CANNOT HAVE ACCESS TO PATIENTS OR PATIENT INFORMATION.**

Department Name: _____ 4-Digit Department Code: _____

Department Administrator: _____

Accounting Unit for Criminal Background Check (if intern is under 18) _____

FACULTY/MENTOR SIGNATURE/DEPT: _____ DATE: _____

(Faculty signature verifies that Intern will receive appropriate animal and biohazard training and certification. These Interns will have no access to PHI and will not see patients)

Name, Phone & Email of Person Overseeing Volunteer on a Daily Basis (if different): _____

****THIS PERSON WILL BE REQUIRED TO COMPLY WITH REQUIREMENTS FOR A CRIMINAL BACKGROUND CHECK AND DCFS TRAINING.****

DEPT/CAMPUS CHAIR SIGNATURE: _____ DATE: _____

APPROVALS/SIGNATURES

SIGNATURE	TITLE	DATE
	Vice Provost of Research	

OUTREACH RESEARCH INTERN • EMPLOYEE INFORMATION FORM

NON-FACULTY

SECTION 1 EMPLOYEE IDENTIFICATION BASIC INFORMATION

LAST 4 DIGITS OF SS# ONLY

EMPLOYEE NAME		LAST		FIRST		MI	SOCIAL SECURITY NO.	
							XXX-XX-	
ADDRESS STREET				APT.	CITY	STATE	ZIP CODE	HOME PHONE
								()
MALE	FEMALE	BIRTHDATE	MO.	DAY	YEAR	MARRIED	SINGLE	RACE CODE
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
						US CITIZEN?		IF NO, COUNTRY OF CITIZENSHIP
						YES <input type="checkbox"/> NO <input type="checkbox"/>		VET STATUS

SECTION 2 TYPE OF ACTION

EFFECTIVE DATE	NEW HIRE <input type="checkbox"/>	TRANSFER <input type="checkbox"/>	SALARY CHANGE <input type="checkbox"/>	RETURN FROM LOA <input type="checkbox"/>	REHIRE <input type="checkbox"/>	REPLACEMENT FOR
	PROMOTION <input type="checkbox"/>	FTE CHANGE <input type="checkbox"/>	OTHER <input type="checkbox"/>	TERMINATION (COMPLETE SECTION 6) <input type="checkbox"/>		
REASON FOR ACTION						REQ #
OUTREACH RESEARCH INTERN						

SECTION 3 CURRENT/NEW HIRE INFORMATION

POSITION NO.	SEQ.	PAY GROUP	FULL TIME	PART TIME	REG.	TEMP.	FLOAT POOL	FTE %	WEEKLY HOURS	EX CODE*	JOB CLASS #	PAY GRADE	POSITION TITLE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						OUTREACH RESEARCH INTERN
PAY RATE:		SHIFT	SHIFT DIFF	CALL PAY	LOC CODE	CAMPUS NO.	DEPT NUMBER	DEPT NAME					
HOURLY \$ 16.60		ANNUAL \$	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>									
ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION	
1			3			5			7				
2			4			6			8				
GRANT FUNDED	WORK STUDY FUNDED	STIPEND RATE (CONTRACT)		NO. OF PAYS		MAX. STIPEND \$ AMOUNT		EFFECTIVE DATE		END DATE			
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>							/ /		/ /			

SECTION 4 CHANGE INFORMATION (FILL IN ONLY AREAS OF CHANGE)

NEW POSITION NO.	SEQ.	PAY GROUP	FULL TIME	PART TIME	REG.	TEMP.	FLOAT POOL	FTE %	WEEKLY HOURS	EX CODE*	JOB CLASS #	PAY GRADE	POSITION TITLE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PAY RATE:		AMT OF INCR/DECR	SHIFT	SHIFT DIFF	CALL PAY	LOC CODE	CAMPUS NO.	DEPT NUMBER	DEPT NAME				
HOURLY \$		ANNUAL \$		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>								
ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION		%	ACCOUNT DISTRIBUTION	
1			3			5			7				
2			4			6			8				
GRANT FUNDED	WORK STUDY FUNDED	STIPEND RATE (CONTRACT)		NO. OF PAYS		MAX. STIPEND \$ AMOUNT		EFFECTIVE DATE		END DATE			
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>							/ /		/ /			

SECTION 5 FUNDING INFORMATION/ APPROVAL

MAX. GRANT \$ AMOUNT	EFFECTIVE DATE	END DATE	GRANT ACCOUNTING SIGNATURE	DATE
	/ /	/ /		
MAX. FINANCIAL AID & AMOUNT	EFFECTIVE DATE	END DATE	FINANCIAL AID SIGNATURE	DATE
	/ /	/ /		

SECTION 6 TERMINATION INFORMATION

VOLUNTARY <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	REASON CODE (SEE INSTR. SHEET)	ELIGIBLE FOR REHIRE	LAST DAY WORKED	TERM DATE
INVOLUNTARY <input type="checkbox"/>	DECEASED <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /	/ /
			CONDITIONAL <input type="checkbox"/>		
			(GIVE REASON BELOW)		

COMMENTS:					

FOR HUMAN RESOURCES USE ONLY

OT EXEMPT	UC EXEMPT	FICA EXEMPT	AUTHORIZED SIGNATURE	DATE	AUTHORIZED SIGNATURE	DATE
FIT	FLAT	SIT	FLAT	MAR. STATUS	AUTHORIZED SIGNATURE	DATE
					HR SIGNATURE	DATE