

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 : Paserman, Jonathan
 Current Address: 56 Browne Street, Brookline, MA 02446

 Home Telephone Number : 857-272-0189
 Email Address (required) : ypaserma@bu.edu
 Permanent Address and phone #:

 (if different from your current address) _____

 Status: Graduate Student Undergraduate Student Other

Position Information :

Job Title : Assistant for Summer Webinar
 Supervisor's Name : ~~David Jan~~ ROB SHANNON
 Expected Hours of Work per Week: 25
 Work Location (City, State and Zip Code) Cambridge, MA, 02139
 Work Telephone Number: _____
 Effective Date : 7/6-7/25
 Hourly Rate of Pay: 25\$/hr

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.)



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

{Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."}

* Employee Info from Section 1	Last Name (Family Name) PASERMAN	First Name (Given Name) JONATHAN	M.I.	Citizenship/Immigration Status
	List A Identity and Employment Authorization	OR	List B AND Identity	List C Employment Authorization

+ Document Title PASSPORT	Document Title	Document Title	
	Issuing Authority US	Issuing Authority	Issuing Authority
	Document Number 555244493	Document Number	Document Number
	Expiration Date (if any) (mm/dd/yyyy) 1-11-27	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
	Document Title	Additional Information	
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			
Document Title			
Issuing Authority	OR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			
Document Title			
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): **07/06/2020** (See instructions for exemptions)

Signature of Employer or Authorized Representative [Signature]	Today's Date (mm/dd/yyyy) 07/06/2020	Title of Employer or Authorized Representative ASST DIRECTOR, CONFERENCES	
Last Name of Employer or Authorized Representative SHANNON	First Name of Employer or Authorized Representative ROBERT	Employer's Business or Organization Name NBER	
Employer's Business or Organization Address (Street Number and Name) 1050 MASS AVE.	City or Town CAMBRIDGE	State MA	ZIP Code 02138

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative [Signature]	Today's Date (mm/dd/yyyy) 07/06/2020	Name of Employer or Authorized Representative NBER
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