



2014-2015

Student Employment Authorization Form

Return Form To: Financial Aid Office, Smith Administration Building, Suite 115

Part 1-TO BE COMPLETED BY STUDENT

The College strongly advises against working 20+ hours per week.

Student ID

First Name

Last Name

M.I.

Email Address

Cell Phone

Are you currently employed with another department on or off campus?

☐ No ☐ Yes. If yes, which department? _____

Will you continue to work with this department as well? ☐ Yes ☐ No

Part 2- TO BE COMPLETED BY HIRING DEPARTMENT

Department Name

Org #

Start Date

End Date

Supervisor Name

Supervisor Email

Hourly Rate (On campus rate is \$7.25 unless otherwise indicated. Off campus rate is \$8.50)

Part 3- AUTHORIZING SIGNATURES

Signing below affirms that both parties will:

- *notify the Financial Aid Office if any changes to employment are made.*
- *ensure that the student will not begin work until after the student is cleared through E-verify and a preprinted timesheet has been received.*
- *monitor the student's work-study allotment each time period so it will not be exceeded.*
- *submit timesheets completed and signed on the 15th of each month.*

Student's Signature

Date

Supervisor's Signature

Date

Office Use Only:

☐ I-9 ☐ RJASEAR Completed

Processed By: _____

☐ W-4 ☐ NBAJOBS Completed

Date: _____



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