



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.*

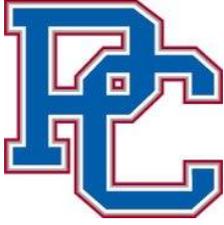
Student's Signature Date

Supervisor's Signature Date

Office Use Only:

I-9 RJASEAR Completed Processed By: _____

W-4 NBAJOBS Completed Date: _____



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