



LEHIGH UNIVERSITY

Student Employment Authorization Form

ATTENTION STUDENT AND SUPERVISOR: **Employment cannot commence until this form is completed** and processed. The Office of Financial Aid will e-mail the supervisor confirming when the student may begin working.

STUDENTS CANNOT HOLD MORE THAN ONE ON-CAMPUS POSITION: If this Authorization Form is for an additional position for the year, please contact the Office of Financial Aid.

Questions? - Contact the Office of Financial Aid at studentemployment@lehigh.edu or 610 758 3181.

FOR COMPLETION BY STUDENT (*Please print*)

Name: _____

Lehigh Identification Number (LIN): _____

E-mail/User ID: _____ Cell Phone #: _____

I have read and acknowledge the Information and Privacy Statement at <http://www1.lehigh.edu/financialaid/undergrad/typesofaid/studentemployment>.

Student Signature: _____ Date: _____

FOR COMPLETION BY SUPERVISOR (*Please print*)

Job Title: _____ Community Service (circle one): Yes or No

Department: _____ Level (circle one): I II III IV

Placement Code: _____ Payroll Location (Z Code): _____

Student is (circle one): New or Rehire If rehired, years in position: _____

Supervisor: _____ Date: _____

Supervisor Telephone #: _____ Supervisor E-Mail _____

Banner index that can be used to fund any earnings exceeding student's employment allotment.

Index: _____ Financial Manager Signature: _____ Date: _____

Payroll requirements, I-9 and W-4: First time student employees that have not been paid in the past 6 months must complete the I-9 form and W-4 form. A copy of the I-9 is retained by the supervisor, with the original forwarded to the Payroll Office, along with the W-4. These forms are available at <https://financeadmin.lehigh.edu/content/payroll-forms>.

FOR COMPLETION BY FINANCIAL AID OFFICE

_____ FWS Account #423320	_____ WOA Account #251140
_____ Position #899710	_____ Position # 866730
_____ Community Service	_____ FWS America Reads
_____ Account # 423323	_____ Account #423324
_____ Position # 899711	_____ Position # 899712

Period of Employment (circle one): Academic Year or Summer Session(s)
Hourly Rate: \$ _____ Student's Employment Allotment: \$ _____ Max Work Hours _____

Submit the completed Authorization Form to: The Office of Financial Aid at 27 Memorial Drive West or studentemployment@lehigh.edu.
Last Updated: 8/5/15