

UMA STUDENT EMPLOYMENT AUTHORIZATION FORM

46 University Drive, Augusta, ME 04330-9410

___ Student Financial Services – 207-621-3455 Fax 621-3384, ___ Student Employment - 621-3182 Fax 621-3405

STUDENT INFORMATION

(PLEASE PRINT)

MAINE STREET ID #: _____

NAME: _____ BIRTHDATE _____

ARE YOU A U.S. CITIZEN? ___ YES ___ NO If no, please contact the Student Employment/HR Office at 621-3182 GENDER _____

HAVE YOU WORKED FOR THE UNIVERSITY IN THE LAST 12 MONTHS ___ YES ___ NO

If no, Federal law requires you to complete an I-9 before your first day of employment.

WHEN YOU DROP BELOW HALF TIME YOU MUST STOP WORKING IMMEDIATELY

ARE YOU A UNIVERSITY OF MAINE AT AUGUSTA STUDENT? ___ YES ___ NO

Student Signature

Date

SUPERVISOR INFORMATION

(PLEASE PRINT)

UMA DEPT. _____

OFF CAMPUS EMPLOYER _____

MAXIMUM EARNINGS

\$

DEPARTMENT NAME _____

SUPERVISOR NAME _____ TELEPHONE # _____

THIS AUTHORIZATION IS A ___ NEW HIRE ___ RE-HIRE ___ CHANGE REQUESTED START DATE FOR THIS JOB _____

REASON FOR THE CHANGE: ___ ACCOUNT # ___ PROMOTION ___ JOB TITLE ___ OTHER _____

JOB TITLE _____ POSITION CODE _____ RECORD # _____

See UMA Student Job Classification and Pay Scale/MUST HAVE JOB DESCRIPTION ATTACHED TO AUTHORIZATION

REQUIRED: DEPARTMENT 10 DIGIT ACCOUNTING ID: _____ WAGE \$ _____

The student named above is not officially employed until this authorization is approved by either of the offices indicated above. All students and supervisors must abide by the guidelines in the UMA Student Employment Programs Guide. Student employees must complete an I-9 and W-4 Forms before working. Direct deposit is encouraged for all student employees. Your paycheck will be direct deposited to the bank of your choice. When classes are in session students cannot exceed 20 hours/week. During breaks and summer session students cannot exceed 40 hours/week.

Supervisor Signature

Date

OFFICE USE ONLY

Distribution Codes

___ FED WK STD

___ FWS SUM

START DATE _____ END DATE _____

___ FWS CS ON

___ FWS CS SUM

CREDIT HOURS _____ / _____ SEMESTER _____

___ FWS OFF

___ FWS SUM OFF

HOURLY WAGE _____ POSITION # _____

___ FWS CS OFF

___ FWS CS SUM OFF

FICA EXEMPT YES OR NO

___ FWS AM RDS

___ SUMMER

Authorized Staff Signature

___ STUDENTS

Date