

**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)

MAINSTREET 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