

STUDENT EMPLOYMENT HIRING AUTHORIZATION

Return this form to the Student Employment Coordinator

STUDENT INFORMATION

Last _____ First _____ Student ID _____

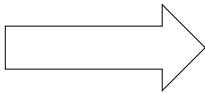
Address _____ City _____ State and ZIP _____

E-mail Address _____

I agree that I will not earn over the FWS dollar amount awarded to me each term. I also agree that I will notify my supervisor of any changes to my FWS award. Finally, I agree to notify my supervisor if I accept another FWS job.

Signature _____ Date _____ Phone _____

SUPERVISOR INFORMATION



Provide complete information about the job (job title, wage, duties).
 Fill in the appropriate section (student aide or work study).
 Don't forget the account number to be charged.
 Fill in both sections if student will work as FWS and SA.

WORK-STUDY

Supervisor and student agree to monitor work study earnings to ensure earnings do not exceed the student's dollar award per term.

Start Date: _____ End Date: _____

PCN Acct#: _____

Dept./Agency: _____

STUDENT AIDE

Student Aides may work a maximum of 20 hours a week during the quarter and 40 hours a week during quarter breaks not to exceed 1000 hours per fiscal year (7/1 through 6/30).

Start Date: _____ End Date: _____

PCN Acct#: _____

Dept./Agency: _____

Wage: \$ _____ Job Title: _____

Duties: _____

Supervisor Name _____ Signature _____ Department _____

Phone _____ E-mail _____ Date _____

FWS Award _____ Summer _____ Fall _____ Winter _____ Spring _____

Year _____

I-9? _____ FERPA? _____ Background? _____

Supervisor# _____ Job # _____ Comm Svc? _____ Off-campus? _____