

# STUDENT EMPLOYMENT HIRING AUTHORIZATION

Use this form to hire student employees—return to Student Employment Coordinator

<b>STUDENT INFORMATION</b>					
Last _____	First _____	MI _____	Student ID _____	Social Security Number _____-_____-_____	
Address _____		City _____	State _____	Zip _____	email 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 (____) _____-_____	

<b>SUPERVISOR INFORMATION</b>	
<ul style="list-style-type: none"> <li>Provide complete information about the job (job title, wage, duties).</li> <li>Fill in the appropriate section (student aide or work-study)</li> <li>Don't forget the account number to be charged.</li> <li>Fill in both sections if student will work as FWS and SA.</li> </ul>	
<b>WORK-STUDY</b>	<b>STUDENT AIDE</b>
Supervisor and student agree to monitor work-study earnings to ensure earnings do not exceed the student's dollar award per term.	Student Aids may work a maximum of 20 hours a week during the quarter and 40 hours a week during quarter breaks, not to exceed 800 hours per fiscal year (July 1 through June 30).
Start Date: ____/____/____ End Date: ____/____/____	Start Date: ____/____/____ End Date: ____/____/____
PCN Acct #: _____	PCN Acct # _____
DEPT/AGENCY _____	DEPT/AGENCY _____

Wage: \$ _____ Job Title: _____
Duties: _____ _____ _____ _____
Name _____ Department _____
(____) _____ - _____ Email _____ Date: _____

FWS AWARD	SUMMER	FALL	WINTER	SPRING
YEAR ____ --- ____	_____	_____	_____	_____
I-9 DONE? _____	FERPA DONE? _____	BACKGROUND CHECK? _____		