

# STUDENT EMPLOYMENT HIRING AUTHORIZATION

Return this form to the Student Employment Coordinator

## STUDENT INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Student ID \_\_\_\_\_

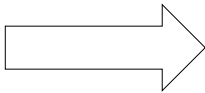
Address \_\_\_\_\_ City \_\_\_\_\_ State and ZIP \_\_\_\_\_

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? \_\_\_\_\_