



STUDENT EMPLOYMENT APPLICATION/AUTHORIZATION FORM
ACADEMIC YEAR 2019-2020

NAME: _____ STUDENT ID #: _____

ADDRESS: _____

EMAIL: _____

PHONE#: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT:
NAME: _____
RELATIONSHIP: _____
PHONE#: _____

ACADEMIC MAJOR: _____
CLASS:
 Freshman Sophomore
 Junior Senior

ATTN SUPERVISORS:
Students may NOT begin working until Payroll emails you their approval!

DEPARTMENT: _____ SUPERVISOR: _____
POSITION: _____ BUDGET#: _____
Average Hours/Week: _____ RATE: \$8.30/Hr
Please Note: Student hours across ALL departments worked may NOT exceed 20 hours in a week. OTHER RATE: _____
Approx. Start Date: _____

ATTN STUDENTS:
Payment will not be issued to you until you have brought tax forms and appropriate I9 documentation to the Payroll Office.

Student Certification:
I agree to accept employment in the department named above for the pay rate stated. I understand that I will be expected to perform my duties in a responsible manner, and will comply with the requirements of the job and the instructions of my supervisor. I understand that my continued employment is contingent upon satisfactory job performance and that I may be removed from my assignment and from the work program if I do not perform my work satisfactorily. I agree to accurately indicate my hours in the time on demand system and understand that intentionally falsifying time records may be grounds for immediate dismissal from my campus job.

Student Signature: _____ Date: _____

Supervisor Certification:
I agree to hire the above designated student under the conditions described above. I will be responsible for monitoring, and approving time for each pay period and will be responsible for returning this approved form to the Career Services Office.

Supervisor Signature: _____ Date: _____