

Work-Study/Employment Authorization Form 2010-2011

Student Section:

Name _____ S.S.# _____

Address _____

Street City State Zip

Phone _____ E-mail Address _____

G-ETS I.D. # _____ Citizenship _____

US Permanent Resident? _____ Yes _____ No Since (if applicable) _____

Student Employment? _____ Yes _____ No If yes, what year(s)? _____

Federal Work-Study? _____ Yes _____ No If yes, what year(s)? _____

Supervisor Section:

Department _____ Department Account # _____

Supervisor's Name _____ Job Title _____

Contract Dates _____ Wage/Hour _____ Hours/Week _____

Student Certification:

I agree to accept employment in the department named above for the title and wage stated. I understand that I will be expected to perform my duties in a responsible manner and to comply with the requirements of the job and the instructions of my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from mu position and from the Federal Work-Study program if I do not meet minimum standards. I have read and understand the FERPA ruling regarding confidentiality of information. I understand that violation of this regulation may constitute a basis for termination of my employment and/or termination of my student status. I will accurately record my work hours on a time sheet and will maintain a record of my earnings in order not to exceed my limit.

Student Signature Date

Supervisor Certification:

I agree to hire the above-named student for the title and wage stated and under the conditions described above. I will supervise the work performed and I will be responsible for signing and forwarding the work-study employee tie record to the financial aid office. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined in the work=study handbook. I further understand that any violation of those procedures may jeopardize this department's participation in the program.

Supervisor Signature Date

**The student and supervisor should each retain a copy of this completed form for their records.
A copy must be forwarded to the supervisor to the financial aid office.
Students new to the seminary work-study program must return this form to the payroll coordinator
and fill out any required documents before a paycheck will be released.**