



STUDENT EMPLOYMENT SERVICES (SES) PROGRAM
AUTHORIZATION FOR STUDENT EMPLOYMENT

Student Complete Please type or print legibly. Failure to complete the following may result in a delay in pay.
Student Name Student ID
Email Phone

Student: I have read and understand the conditions described in the SES Student Quicksheet under which I have been offered this employment opportunity and agree to continue as a student during the period of my employment. I plan to enroll for and complete at least half time each semester. I further understand, that should I drop below half time in any semester during which I am employed, my employment may be terminated. I understand that I may work only the number of hours authorized and agree not to exceed that total. I also understand that I will work and be paid only for those hours approved by my supervisor and that my employment is limited to fund availability.

Student signature date

Supervisor Complete Please type or print legibly. Failure to complete the following may result in a delay in processing.
Job Title Department
Requested Hours/Week Pay Rate Supervisor
Employment Period: from to Email ext #
Indicate work type: Work-study Campus Employment: Budget code

Supervisor: This is to certify that I have interviewed and will employ the above named student in this school /department. I will supervise the student in accordance with SES Policies and am responsible for monitoring authorized hours of employment. I also understand that the student cannot begin work prior to receipt of this authorization. Furthermore, I understand that all student employment is based on position and fund availability and am aware that if a student exceeds his/her total awarded funds, my department is responsible for ensuring that the student is compensated for additional work.

Supervisor signature date

Name of alternate supervisor/ departmental contact(s) ext #
(Can sign timesheet in the event that the primary supervisor is unavailable)

Upon approval of this authorization form, copies will be sent to the Supervisor, who is responsible for ensuring that the student receives his/her copy.

Student Employment Services Use Only
Documents received: I-9, W-4, Copy Social Security, Copy Photo ID, Drug Free Policy, I-9 Affirmation
Position Code, Dept Placement Code, Job Title Code, Copies sent
APPROVED: Total hours authorized NOT APPROVED