



Student Employment Authorization Form

Student Section:

Last Name: _____ First Name: _____ M.I.: _____ Student ID#: _____

Connections Username: _____ E-mail: _____

Local Address: _____
Street City State Zip Code Area Code & Phone #

Permanent Address: _____
Street City State Zip Code Area Code & Phone #

Please read and initial: The supervisor for the position which this authorization form references is not a direct relative (i.e., parent, step-parent, spouse, sibling, niece, nephew, etc.) _____ (Initials)

Do you currently have another job on campus? YES NO If yes, where & how many hours _____

Are you a U.S. citizen or Permanent Resident? YES NO If no, give Visa number and expiration date _____

How many credits hours do you plan to enroll in this academic year? _____ Summer _____ Fall _____ Spring

Academic status: Freshman Sophomore Junior Senior Graduate Student

STUDENT CERTIFICATION: I hereby accept the terms of this student employment position and agree to abide by the rules and regulations governing the student employment program at Webster University as explained by my supervisor. I understand that all required employment paperwork must be completed and submitted to Student Employment **before my first day of work.**

Student Signature: _____ **Date:** _____

Supervisor Section:

Federal Work-Study OR Institutional/Budget OR Stipend/Grant

Department Name: _____ Department Account #: _____

Student Employee Job Title: _____ Pay Rate: _____

Expected number of weekly work hours: _____ Start Date: _____ Expected Graduation Date: _____

SUPERVISOR CERTIFICATION: This student employee is not a direct relative of the supervisor (ADP/Timecard approver). I agree to abide by the rules and regulations governing the student employment program as mandated by the Federal Government and Webster University. If the student employee I have hired is not eligible for Work-Study funds, all earned wages will be deducted from my student employment budget. I will notify Student Employment if any aspect of this employment agreement changes.

Department Head Signature Print Name and Extension Date

ADP Approving Supervisor Signature Print Name and Extension Date

Student Employment Section:

New / Active	HR Dept:	Award Amount:	Credits:	Email:	Listserv:	TLM Set-Up:
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Student Employment Approval: _____ Date: _____

Please submit this Authorization Form to the Student Employment Department Associate.