Student ID #_____

Employment Authorization for Students

Instructions: After hiring, the student and the supervisor will each sign this authorization. Submit a copy to the Financial Aid Office for processing and pick up a timecard. A student will not be paid unless this authorization is on file and signed by both parties and all required tax forms and I-9 documentation (see below) are attached to this document. Incomplete forms will not be accepted.

1. **ALL first time student workers MUST** complete a US Department of Justice Employment Eligibility Verification Form (I-9). If you are required to complete an I-9 Form, you must present appropriate documentation to show your eligibility to work in the United States. Most elect to show their original social security cards and a driver's license, but there are a variety of forms that are acceptable. A complete list is printed on the back of the I-9 form**. A photocopy of the documents is not sufficient; you must present the originals. All students must have a social security number.**

2. **ALL STUDENT WORKERS must ANNUALLY** complete and turn in the Federal and Missouri W-4 Forms. These forms must be completed and turned in even if you were a student worker last year.

3. In order to be paid, students and **supervisors are required to sign time cards before presenting them to the Financial Aid Office for processing.** Student workers will not be paid for hours worked in excess of the award amount indicated on their Financial Aid Award Notification Letter or for time worked after the period when their time card was due. Therefore, make sure that your supervisors submit your time cards to the Financial Aid Office by the due date indicated on the back of the timecards!

4. Rockhurst University student workers are employed "at will," which means that employment is for no definite period of time and may be terminated at any time with our without notice, and with or without cause.

I have read and understand and will abide by the above conditions.

_____ _____

Student's Signature Date

I have interviewed this student and agree to provide work and abide by and enforce the terms as outlined above.

_____ _____

Supervisor's Signature Date

Complete the following:

This position is: ____Federal Work Study ____Institutional Work Study ____Non-work study

If non-work study, complete the following: Organizational Code_____

Amount budgeted for position:_____ (If not work study or budgeted, position must be approved by Vice President)

Student Name	Social Security Number	Student e-mail address
Student Home Phone/ Cell Phone	Student Work Phone	Date of Birth
Location or Office of Employment	Student's Job Title	Supervisor's Name
Date Employment Begins	# of years in Work Study or Student Worker Program	Recommended Rate of pay*

*In order to ensure consistency university-wide, Financial Aid and Human Resources will determine rate of pay.

FOR OFFICE USE ONLY

Academic Year 04-05	Allotment_____	Pay Rate_____	
August_____	November_____	February_____	May_____
September_____	December_____	March_____	June_____
October_____	January_____	April_____	July_____

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