



2018-2019 STUDENT EMPLOYMENT AUTHORIZATION FORM

Supervisors: To be completed once a student is hired. Please complete entire form and return electronically to: studentemployment@maryville.edu

Student Name: _____ **Student ID:** _____

Department: _____ **Budget #:** _____

Job Title: _____

Supervisor: _____ **Supervisor ID:** _____

Award Amount: _____ **Award Type:** ☐ **Federal Work Study (CWS)**

☐ **Institutional Work Study (IWS)**

- *Supervisor must have proof of student's work eligibility before offering a student a job.*

Please check the appropriate pay rate based on the position type.

☐ **Standard Position Rate: \$8.60**

☐ **Specialized Role/Student Manager/Community Service Rate: \$9.75**

Hours per week: _____

- *Students cannot work more than 20 hours/week when school is in session*

Has the student previously worked on campus? ☐ **Yes** ☐ **No**

Employment Dates:
☐ **Fall 2018 –Spring 2019** ☐ **Fall 2018 only** ☐ **Spring 2019 only**

Please remember that student employees are allowed to work only when not schedule to be in class or lab, and approved work hours should reflect this practice. Our signatures below indicate we acknowledge and agree with the information presented on this form.

Supervisor's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

Office use only: _____ **Division of Operational Excellence** _____ **Human Resources**