



WORK AUTHORIZATION FORM
Student and Temporary Employment

TYPE OF EMPLOYMENT:

Student - Non Work Study Temporary

NAME (Please PRINT): Last First MI

JOB TITLE:

JOB DUTIES and RESPONSIBILITIES:

*START DATE: END DATE: HRS/WK: PPE (HR use only):

*Start Date is determined by HR for New Hires. All HR paperwork must be completed prior to work beginning due to required documentation and I-9 Employment Eligibility compliance. Notification of start date will be sent to the supervisor.

DEPARTMENT / ACCOUNT TO BE BILLED: Department Name Account Number (Fund - Program - Object Code) format XX-XXXXX-XXXX

PAY - HOURLY RATE / STIPEND AMOUNT: Students (select one): *1L: \$15.00/hr *2L: \$16.65/hr *3L: \$17.51/hr LL.M: \$17.51/hr *1L (Requires Academic Dean's Authorization - see signature line below) Students (other): Hourly Rate Amount: Stipend Amount:

Temporary Employees (Includes Graduate Research Fellows, Proctors, etc.): Hourly Rate Amount: Stipend Amount:

AUTHORIZATION: Authorization is given to employ the aforementioned. I understand that my Department Budget will be charged 100% of the earnings. Supervisor (please print name): Supervisor's Signature: *Academic Dean's Signature (1L Students only): Date:

I am in agreement with the aforementioned employment terms. Employee's Signature: Date: