



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:** _____

***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.

****End Date** for hourly students is **May 31st of the current Academic Year**. For all others, an End Date is required for processing.

DEPT / ACCOUNT TO BE BILLED:

_____/_____

Department Name Account Number (format XX – XXXXX – XXXX)

PAY – HOURLY RATE / STIPEND AMOUNT:

Students (select one): 1L: \$14.00/hr 2L: \$15.54/hr 3L: \$16.34/hr LL.M: \$16.34/hr

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: _____