



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:** \_\_\_\_\_

**DEPT / ACCOUNT TO BE BILLED:**  
\_\_\_\_\_  
Department Name Account Number (format XX – XXXXX – XXXX)

**PAY – HOURLY RATE / STIPEND AMOUNT:**

<b>Students (select one):</b> <input type="checkbox"/> 1L: \$13.00/hr	<input type="checkbox"/> 2L: \$14.43/hr	<input type="checkbox"/> 3L: \$15.17/hr	<input type="checkbox"/> LL.M: \$15.17/hr
<b>Students (other):</b>	<input type="checkbox"/> Hourly Rate	Amount: _____	
	<input type="checkbox"/> Stipend	Amount: _____	

**Temporary Employees** (Includes Graduate Research Fellows, Proctors, etc.):

<input type="checkbox"/> Hourly Rate	Amount: _____
<input type="checkbox"/> 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: \_\_\_\_\_

\***Start Date** is determined by HR – HR paperwork must be completed prior to work beginning. Notification of start date will be sent to the supervisor.

\*\***End Date** for hourly students is May 31<sup>st</sup> of the current Academic Year or later. For all others, an End Date is required for processing.