

Webster University
2007-2008 Student Employment Authorization Form

Student Section

Last Name: _____ First Name: _____ M.I.: _____ Student ID#: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ E-mail: _____

Local Address: _____
Street City State Zip Code Area Code & Phone #

Permanent Address: _____
Street City State Zip Code Area Code & Phone #

Is your local address within the St. Louis City limits? ___ YES ___ NO

Have you worked on Webster's campus previously? ___ YES ___ NO If yes, when? _____

Do you currently have another job on campus? ___ YES ___ NO If yes, where? _____

Are you a U.S. citizen? ___ YES ___ NO If no, give Visa number and expiration date _____

How many credits hours do you plan to enroll in this academic year? _____ Summer _____ Fall _____ Spring

Academic status: ___ freshman ___ sophomore ___ junior ___ senior ___ graduate student

STUDENT CERTIFICATION: I hereby accept the terms of this student employment position and agree to abide by the rules and regulations governing the student employment program at Webster University as explained during training and by my supervisor. I understand that all required employment paperwork must be completed and submitted to Career Services as soon as possible in order to avoid paycheck delays.

Student Signature: _____ **Date:** _____

Supervisor Section

___ Work Study ___ Budget

Department Name: _____ Department Account #: _____

Student Employee Job Title: _____ Pay Rate: _____

Expected number of weekly work hours: _____ Start Date: _____ End Date: _____

SUPERVISOR CERTIFICATION: I agree to abide by the rules and regulations governing the student employment program as mandated by the Federal Government and Webster University. If the student employee I have hired is not eligible for Work Study funds all earned wages will be deducted from my department's budget. I will notify Career Services if any aspect of this employment agreement changes.

Department Head Signature Print Name and Extension Date

Supervisor's Signature Print Name and Extension Date

Other Authorized Signature Print Name and Extension Date

Director, Int'l. Recruit. & Serv. (if required) Print Name Date

Career Services Section ___ Community Service Employee

Year: _____ - _____ Award Amount: _____ Award Type: _____ Student is: NEW CURRENT

Career Services Staff Approval: _____ Date: _____

For Payroll Office Use Only: _____ (Initialed by Payroll Office) Date: _____

