

Student Employment Authorization Form

Student are NOT permitted to work until all documents are received by Human Resources.

STUDENT SECTION:

Student Name: _____

Student Social Security Number: _____ CCS I.D. # _____

- I have discussed the position and hours with the department supervisor and I feel I am capable of meeting these requirements
- I understand that I am not able to being work until my work documents are on file in the CCS Payroll/HR Office
- I understand that this is a paying job and I must perform the duties assigned

Student Signature

Date

DEPARTMENT SECTION:

Hiring Department: _____ Supervisor: _____

Position Title: _____ Pay Rate: _____

Hours per Wk: _____ Start Date: _____ End Date: _____

New Hire

Rehire

- I have discussed the position and hours with the student and feel he/she is capable of meeting these requirements
- I have informed the student they must complete the work forms PRIOR to their start date

Supervisor Signature

Date

FINANCIAL AID SECTION:

_____ FWS (206) _____ MWS (205) _____ CCSWS (204)

Coordinator Signature

Date

HUMAN RESOURCES SECTION:

_____ Human Resource Forms Complete

Human Resource Signature

Date

Submit Completed Form to the Financial Aid Office