

MUSKINGUM UNIVERSITY
Student Employment Work Authorization

STUDENT SECTION

Name: _____ **Student ID:** _____

Muskingum Email Address: _____ **@muskingum.edu**

Student Signature: _____ **Date:** _____

*By signing this form, you authorize Muskingum University to share your name, address, date of birth, Social Security Number, and related personal information with a third-party provider used to facilitate payment of my wages.

EMPLOYER SECTION

Department Name: _____ Account Number: _____

Student Position Title: _____

Employment Term: Fall/Spring or Summer Year: _____

Supervisor Name: _____

Name of Secondary Supervisor: _____

PAY RATE

Standard (minimum wage) Other **Enter Dollar Amount** *(Additional Signature Required)

*Vice President/Dean Signature: _____ Date: _____

Supervisor: By signing this form you acknowledge that you have notified the secondary supervisor of their responsibilities; and, that **the student listed above will not begin working in your department until you have received notice (through your Muskingum email) that the student has been authorized to work** from the Student Financial Services Office. If a student begins employment in your office before the student is authorized to work, your department may be subject to a fine.

Supervisor Signature: _____ **Date:** _____

OFFICE USE ONLY

Federal Work Study Eligible: Yes No I-9 Verification Complete: _____

Date student is authorized to begin working: _____

Approved By: _____ Date: _____

Emailed Student /Supervisor ____ Updated AIDE ____ To Payroll ____