PRESBYTERIAN COLLEGE

2019-2020 Student Employment Authorization Form

How can we help?
Office of Financial Aid
503 South Broad Street
Clinton, SC 29325
864.833.8288 | finaid@presby.edu

****New and returning students should NOT begin work until the student and supervisor have received an email of job approval. All student workers must submit appropriate documentation as required by Federal Laws and they must be cleared through the E-verify process before working****

Section 1: To be Completed by Student

Student Name: _____ ID: _____

PC Email: _____ Box #: _____ Cell#: _____

1. Are you currently employed with another department on or off campus? **YES** **NO**
   If yes, which department and how many hours will you work for this department? _____
2. Do you want to continue to work with this department as well? **YES** **NO**

Section 2: Request for Hire – To be completed by Hiring Department

Department Name:	Dept. Org #:	*Rate of Pay:
Supervisor Name:	Student Position:	Start Date:
Supervisor Email:	Requested Work Hrs per week:	End Date:
New Hire ☐ Rehire ☐ Years student has worked within Department _____	***Off-Campus Rate of Pay is $8.50*** ***See Student Employment Handbook for Pay Scale**	

Section 3: Signatures

Signing below affirms that both parties will:

- Notify the Office of Financial Aid immediately if any changes to employment are made.
- Ensure that the student will **NOT** begin work until after the student is cleared through E-Verify, and they have received an email from the work study coordinator.
- The student should monitor their work-study allotment (as indicated on their financial aid award) each time period, so it will not be exceeded.
- Submit completed and signed timesheets, or approve time clock by the 15th of each month.

_____ _____
Student's Signature Date

_____ _____
Supervisor's Signature Date

Section 4: Financial Aid Office Approval

_____ FWS _____ CWS	Total Year Award Amt:	Approved Rate of Pay:	Approved Hours Per Week:
Comments:			
Financial Aid Office Approval:		Date:	

Office Use Only:
WSA ___ I-9 ____ W-4 _____ E-verify Completed ____ RPAAWRD _____ Banner _____ Direct Deposit _____

Revised TSJ: 04/01/2019