

## B-CU STUDENT EMPLOYMENT AUTHORIZATION FORM

Please return completed form to the HR Office. Contact the payroll dept 386-481-2086 for more questions or information.

Students need to complete their I-9 and W-4 (within 3 days of hire) along with the Student Employment Authorization Form.

S T U D E N T  I N F O	Student Name: _____ B-CU ID: _____ B-CU Email: _____ SSN: _____ Birthdate: _____ Local Address: _____ Local Phone #: _____ City: _____ State: _____ Zip Code: _____ Perm. Address: _____ Perm. Phone #: _____ City: _____ State: _____ Zip Code: _____ Student Acct Balance: _____ CHECK ALL THAT APPLY: <input type="checkbox"/> CWAP International: <input type="checkbox"/> Yes <input type="checkbox"/> No
D E P T  I N F O	Hiring Department: _____ Time & Attendance Supervisor Name: _____ Supervisor Ext: _____ Supervisor : _____ Supervisor Email: _____ Signature _____ Budget Number: _____ <b>-6440</b> Check one: <input type="checkbox"/> Private <input type="checkbox"/> Univ. Funds *Note: Your Department is Responsible for assuring sufficient Budget is Available
W A G E	<b>EMPLOYMENT DATES</b> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring Pay Rate: _____ (Min. Wage \$8.05) Begin Date: _____ Budget Hours: _____ End Date: _____ Budget Amount: \$ _____ <p style="color: red; font-weight: bold;">Student must be on time &amp; attendance before they can start working</p>
M I S C I N F O	<b>WORK LOCATION:</b> On Campus: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Building</span> <span>Ext</span> </div>
	<b>AUTHORIZATION:</b> Manager Authorization: _____ Ext. _____ Date _____ Sponsored Research Authorization (If Applicable): _____ Ext. _____ Date _____ Business Affairs Authorization: _____ Ext. _____ Date _____ Human Resources Authorization: _____ Ext. _____ Date _____ Payroll Authorization: _____ Ext. _____ Date _____ Comments: _____
	The Student Authorization form is not a contract between the student and B-CU