ALBRIGHT COLLEGE
STUDENT EMPLOYMENT APPROVAL FORM

To: Human Resource Department

From: _______________________________________________________

Request Date: __________________________________________________

Supervisor’s Authorization: ___________________________________ Date

Vice President’s Approval: ___________________________________ Date

Our department wishes to hire the student named below:

Student Name: _______________________________________________________

Department: ___________________________ Division: ___________________________

Who will sign the time sheet: ________________________________________________

Job Title: __________________________

Description: ___________________________________________________________

Wage Rate (Training Rate ($6.55) 30 day maximum; Minimum Wage ($7.25)) _________ per hour
(or Flat Rate/Semester) ______________

Wage Rate will begin on: ______/_____/______ and end on ______/_____/______

Estimated number of hours per week: __________________________

Work will begin on ______/_____/______ and end on ______/_____/______

Student - Department Employment Guidelines

1. Student cannot begin employment UNTIL the Student Approval Form is processed with appropriate approval of respective Vice President and all paperwork (I-9, W-4, and Student Approval form) is completed.
2. Student should report to department supervisor for work schedule and responsibilities.
3. Student needs to complete time sheet and record hours worked for department supervisor to sign.
4. Department supervisor needs to sign time sheet & forward to Payroll Department in Controller’s Office.
5. Student will be paid on a bi-weekly basis.
6. Student will receive pay for each hour worked minus mandatory taxes as required by law.
7. Student will receive pay stub at the Cashier's window located in the Camp Building, 1801 North 12th Street, second floor.

HUMAN RESOURCES OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Estimated Maximum Earnings</th>
<th>Approved Wage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Period:</td>
<td>Academic Year 16-17</td>
</tr>
<tr>
<td>College Work Study Payroll</td>
<td>_________</td>
</tr>
<tr>
<td>CC:</td>
<td>Department Payroll</td>
</tr>
</tbody>
</table>

Date of Approval: __________________________
Authorized Signature: __________________________