

**ALBRIGHT COLLEGE  
STUDENT EMPLOYMENT APPROVAL FORM**

<b>To:</b>	<b>Human Resource Department</b>		
<b>From:</b>	_____		
	Name		Department
<b>Request Date:</b>	_____		
<b>Supervisor's Authorization:</b>	_____		Date
<b>Vice President's Approval:</b>	_____		Date

<b>Our department wishes to hire the student named below:</b>	
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 paystub at the Cashier's window located in the Camp Building, 1801 North 12<sup>th</sup> Street, second floor.

HUMAN RESOURCES OFFICE USE ONLY			
Estimated Maximum Earnings	Approved Wage Rate		
Time Period:	Academic Year <u>16-17</u>	Summer <u>17</u>	Other _____
College Work Study Payroll	_____	OR	Self Help Employment Payroll _____
CC:	Department	Payroll	Financial Aid      Human Resources
Date of Approval:	Authorized Signature: _____		