



STUDENT FINANCIAL SERVICES
Student Employment Authorization Form
Section 1 – to be completed by student

SEAF

Name _____ Student ID # _____

Hourly Rate _____ Job Title _____

Department/Cost Center # _____ Campus _____ Job Location _____

Supervisor's Name _____ Phone No. _____

Students will be terminated if they are enrolled in less than 6 credit hours or their GPA has fallen below the minimum 2.0 requirement. Additionally, students may be terminated or have their hours reduced if they have received additional aid that will cause them to be overawarded after they are placed to work.

Section 2 – to be completed by Employing Supervisor

Date requested for beginning of employment _____ Term _____

Supervisor's signature _____ Date _____

Name of School _____

Please check if appropriate: America Reads Tutor America Counts Tutor

Comments _____

Supervisor: Please send this form to the Student Financial Services Operations Center for employment authorization. Students may not begin to work until an authorized copy is returned to you or a e-mail is sent confirming that the student is eligible to work by Student Financial Services. Departments will be responsible to pay students for any unauthorized hours. Keep a copy for your records.

Section 3 – to be completed by Student Employment Office

Student is not authorized to work until this section is signed below. If the account number states "void", the student is not authorized to work.

Account Number _____

Authorized Student Financial Services Signature _____ Date _____

Eligibility Period _____ to _____ Fall Winter Summer

Authorized Hours per Week _____

Office Use Only

Credits Enrolled _____ GPA _____ Amount of Award _____

Comments: _____