

Please fill out your section completely and forward to next department.

THE SAGE COLLEGES STUDENT EMPLOYMENT AUTHORIZATION

1	STUDENT INFORMATION
NAME: _____ SSN: _____ <small>(please print)</small>	
HOME ADDRESS: _____ TELEPHONE: () _____	
HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____	
CAMPUS BOX #: _____ TELEPHONE: _____	
EMAIL ADDRESS: _____	
DIRECT DEPOSIT: YES () NO ()	
<i>If yes, information should be attached. Ex. Name of bank, routing number, account number</i>	
LIST OTHER DEPARTMENTS WORKING WITH: _____ _____	
<p>I accept the student employment position indicated below, subject to unavoidable change, and will report as specified by my employer. I realize that the acceptance of this position binds me to abide by the general rules applicable to all student employees as well as the regulations established for the position I will hold. Students employed in a work study program must maintain satisfactory academic progress as outlined in the college catalog. <i>I understand that I cannot exceed the cumulative maximum allowable earnings as stated below.</i></p> <p>Student's Signature: Date:</p>	
2	EMPLOYER INFORMATION
JOB TITLE: _____	
AVERAGE HOURS PER WEEK: _____ PAY RATE: _____	
# OF YEARS THIS POSITION WAS HELD BY STUDENT: _____	
DEPARTMENT: _____ DEPARTMENT NUMBER: _____	
SEMESTER(S) OF EMPLOYMENT: FALL () SPRING () ACADEMIC YEAR ()	
DOCUMENTS VERIFIED: I-9 FORM COMPLETED: _____ (date)	
W-2 FORM COMPLETED: _____ (date)	
Supervisor's Signature: Date:	
SUPERVISOR'S NAME (please print)	
3	STUDENT SERVICES INFORMATION
EMPLOYMENT TYPE: Federal Work Study (F04): _____ Sage Work Study (C44): _____	
ANNUAL AWARD ELIGIBILITY: \$ _____	
Student Services Signature: Date:	
4	PAYROLL INFORMATION
DATE FORM RECEIVED: _____	
DATE ENTERED INTO SYSTEM: _____	
DATE TIMESHEET COMPLETED: _____	
Payroll Signature:	

When all four steps have been completed, student is eligible to be paid.