

Name (Last, First, Middle):

Student Employment Work Authorization Form

Student Employee Responsibilities: If you are a new student employee (not previously employed at Shippensburg University) you will have to complete a student payroll packet and submit all the paperwork to Human Resources/Payroll BEFORE you begin working. Students cannot work until all paperwork and required documents are submitted and approved by the HR/Payroll office. Students are not permitted to work during times they are scheduled to be in class. There are no exceptions to this rule. Students should only enter hours in eTime for dates and times they have worked. If you need assistance with eTime, please work with your department's timekeeper. Student employees are expected to appear on time for their scheduled work hours or provide advance notice if absent or delayed. My signature below indicates that I agree and understand these requirements. This offer of employment is contingent upon available resources; if budgetary adjustments are made, this offer of employment may be withdrawn.

SU Student ID:		SU email:	@ship.edu	
Are you a current employee of the University?		Are you a previo	Are you a previous employee of the University?	
YES or NO		YES or NO		
Signature:		Date:		
		•		
Hiring Department Responsibilities: Dep				
student's employment status. This includes, but i		_		
student employees remain within their budget a			· · · · · · · · · · · · · · · · · · ·	
constraints that academics impose on students w				
student employee actually worked and are responses and required decuments are submitted			curate. Students cannot work until all	
paperwork and required documents are submitted	ed and approved by	тпе нк/Раугон опісе.		
Student Position Title:		Employment Start Date:		
Hourly Rate of Pay:		Is this position a Graduate Assistantship or SPP? (circle one)		
		GA SPP	N/A	
New hire of the department: Re	hire of the depa	artment:		
Do you expect the student to be paid	from Federal W	ork Study funds: YES	or NO	
Department:		Cost Cente	Cost Center Number:	
Timekeeper:		<u> </u>		
Timekeeper's email:		Timekeepe	r's extension:	
Department Signature:			Date:	
HP Office Use Only: M	S Was	ro Typo Positio	n #	
HR Office Use Only: M	3 vv ag	ge Type Positio		
0554 Assign. M S	Wage	Type Position	#	
Financial Aid Office Use Only:				
Credits Enrolled:	SAP:		Wage Type:	
FAO Signature:	•		Date:	
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