

Authorization to Work 2017-2018 SCHOOL YEAR

Fall _____ Spring _____ Fall & Spring _____

Name: _____ is authorized to start employment through the Student Employment Program. The above student has completed all of the necessary paperwork to seek employment at the College and is eligible to work up to _____ **hours** per week. Please complete the information below and return this form to Student Accounts before the student begins work.

****First day students may begin fall '17 work is Tuesday, August 29, 2017****

****First day students may begin spring '18 work is Wednesday, January 17, 2018****

Department Name: _____ Project (Dept.) Code # _____

Position Title: _____ Hours per Week: _____

Fall Rate/Hour \$10.00 or Supervisor \$10.40

Spring Rate/Hour \$10.40 or Supervisor \$10.80

I understand and agree to follow the rules and regulations related to student employment as set forth in the Student Employment Handbook:
https://nook.marlboro.edu/public/offices/student_employment

Supervisor Signature Date

Student Signature Date

Budget Manager Signature Date

Payroll Approval Date

W-4 Completed _____ I-9 Completed _____ SS # verified _____ Direct Deposit Form _____