

Student Employment Authorization

This checklist serves as a guide to complete all necessary steps for student employment. The checklist must be completed, authorized by an employee in the Human Resources Office, and then delivered to the department supervisor on or before the employee's first day of work. The supervisor is to retain a copy for the student personnel file.

- Student Employment Information Form**
 - Section 1: Completed by Student
 - Section 2: Signature from Supervisor
- Student Employee Agreement Form**
- Bring completed forms to the Human Resources Office**
 - Direct Deposit Form (optional—bring voided check)
 - W-4
 - I-9 Form (Identification Required)
- Deliver Authorization to Supervisor**

Student Name:	V#:

HR Office Use Only

HR Authorization to Work
Signed:

Student Employee Information

Section 1: Student Employee

Last Name	First Name	M.I.	WOU ID#

Citizenship: (check one)	Street Address/P.O. Box			
<input type="checkbox"/> C: Citizen				
<input type="checkbox"/> N: Non-Resident Alien	City	State	Zip	County
<input type="checkbox"/> R: Resident Alien				
<input type="checkbox"/> S: Substantial Presence	Cell Phone		WOU E-mail Address	

Please indicate which department you will be working for.

Wolf Ride
 Dining
 Facilities Services/Public Safety/RA
 Campus Recreation
 Athletics
 Other: _____

If you are working in more than one department this term, please list the department(s) below and then **circle** which job you will be working the most hours in:

Other Student Employee Job(s): _____

School & Employment Status
I am attending WOU and am enrolled in _____ credit hours for _____ term. I am NOT attending WOU and am enrolled in _____ credit hours at _____. Have you been employed at WOU within the last year? (Update only) Yes No Have you been employed at WOU over a year ago? (Reactivate) Yes No

I certify, under penalty of perjury, that the information provided is correct.

Student Employee Signature	Date

Section 2: Supervisor (retain copy for student personnel file)

Student Employee Start Date: _____ **Organization #:** _____

Supervisor Name	Supervisor Signature	Date