

Authorization to Work 2019-2020 SCHOOL YEAR

Fall 2019

Spring 2020

Name: _____ is authorized to start employment through the Work Study 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 Payroll **BEFORE** the student begins work.

****First day students may begin Fall '19 work is Tuesday, September 3rd, 2019****

****First day students may begin Spring '19 work is Wednesday, January 22, 2020****

Department Name:

Project (Dept.) Code #

Position Title:

Hours per Week:

Fall Rate/Hour \$10.78

or Supervisor \$11.28

Spring Rate/Hour \$10.96

or Supervisor \$11.46

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 / Printed Name

Date

Student Signature / Printed Name

Date

Budget Manager Signature / Printed Name

Date

Payroll Approval / Printed Name

Date

For HR use only (below):

W-4/State Completed

VT Declaration of Healthcare Coverage Form Completed

I-9 Completed

Ethnicity-Race-Gender Form

SSN verified

Direct Deposit Form