

Fall Work Certification Form

New Employees must contact HR to set up an appointment for payroll sign up completion or to complete remotely.

Full Name:		Colleague ID:	Colleague ID:	
	as appears on social security card)		(Can access ID number through Self-Sevice)	
Continuing Student Employee (worked for your department in the previous semester) Has the student's name, address, or bank account changed? If yes, Student needs to notify HR if change and complete the appropriate paperwork for HR				
Returning Student Employee (Did not work for your department in the previous semester) When was the last time student worked on campus?				
Note: If it has been over 18 months, the student will be required to complete ALL payroll paperwork again.				
Check off each item as you, the h completing the payroll signups. S Original Social Secu Document that esta Official bank docum	tudents <u>withou</u> t these items <u>will not</u> be able urity Card (If applying for a replacement blishes identity (Photo ID, Driver's Lice ent with account & routing number of	required items for payroll signup. The student to complete the payroll signup. at local SS office, you must submit receipt tense, Student ID)	for replacement)	
US Visa, Foreign Passport, I-94, and I-20 Certificate of Eligibility for Nonimmigrant (F-1) Student Student Position Job Description:				
Department Name: Account #: Full 20-Digit Colleague A	Account Number WS -511162		iy Rate : \$ \$10.00, unless student has an approved Wage Increase form on file in HR.	
Primary Supervisor: Regular Work (511161) From departmental FY Budget	Work Study (511162) Based on Student's overall Financial Aid Package, must accept award prior to completing payroll signup	Switch Regular to Work Study Switch to Work Study Effective Date: Switch must be made at the beginning or	Switch Work Study to Regular Switch to Regular Work Effective Date: f a pay period, ONLY 1 switch can be made per semester	
In order to qualify for Student Work Student must be enrolled in Fall classes a Financial Aid (Must attach a NOTE: Students will be subject to FICA tax in have a matching that comes f	and has a completed FAFSA on file in copy of class schedule) f not enrolled in less than half time (SE will rom your operating budget)	Employee Policies and Procedu more than 29 hours per week. If e	pervisor) below indicate that you understand the Student res. You also understand that you are limited to work <u>no</u> smployed in more than one job, hours for all jobs may not you are Work Study the award <u>mus</u> t be shared between all departments.	
Is student eligible for FWS?	Yes No			
Fall 20	Yes No \$ Student allotment for year	Student Signature	Date	
Financial Aid Office (Required)	Date	Supervisor Signature	Date	
Work certification forms that are not completed 100% will be returned to the supervisor, HR will not sign off on incomplete work certification forms. For assistance completing the Work Certification Form or for questions please contact HR, extension 2490				
Completed By Human Resources				
NOT AUTHORIZED TO WORK with corrections to HR to comp	K: Address areas above; send student	All items presented	d and payroll signup is complete. Student is as of date signed below.	
HR	Date	HR	 Date	