

## PAYROLL AUTHORIZATION FORM

### STUDENT INFORMATION

Student Name:

800 Number:

Job Title:

Job ID:

BP/Fund Account:

Hourly Rate:

Start Date:

Est. Hours Per Week:

### EMPLOYER INFORMATION

Department:

Contact Name:

Organization Number:

Contact Phone:

Campus Box:

Contact Email:

Supervisor:

Supervisor Email:

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date of Signature

### STUDENT EMPLOYMENT USE ONLY

Hold \_\_\_\_\_ Credit Hours \_\_\_\_\_ Financially Clear \_\_\_\_\_ MA Address \_\_\_\_\_

Citizen \_\_\_\_\_ Class \_\_\_\_\_ SECA \_\_\_\_\_ FWS \_\_\_\_\_ SAP \_\_\_\_\_

☐ Approved ☐ Denied – Reason: \_\_\_\_\_

Student Employment Authorization \_\_\_\_\_ Date \_\_\_\_\_

| CLASS | SUFFIX | POSITION # | WAGE | EFFECTIVE DATE |
|-------|--------|------------|------|----------------|
|       |        |            |      |                |