

Student Appointment Form



**Please complete the form and send it to Jayme Marrow, 141 Le Mans
Keep a copy for your files**

Student Info:

Name: _____ ID#: _____

Department Info:

Dept. Name: _____ ACCT# _____

Job

Title: _____

(ACTUAL) Start Date: ____/____/____ to ____/____/____

Section I of the Form I-9 must be completed by the employee **no later than the first day** of work. Review of the employee's ORIGINAL document(s) and completion of Section 2 of Form I-9 must be completed **within three business days of the first day of employment**. If the requirements for completing Section 2 of Form I-9 are not accomplished in a timely manner, the employee **cannot continue to work**. NO EXCEPTIONS.

Hours per Week: _____ Rate of Pay: \$ _____ Stipend: \$ _____

Month (s) to be paid: Aug Sep Oct Nov Dec Jan Feb Mar Apr May

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____

FINANCIAL AID OFFICE USE

Authorized Amount _____ Amount Needed For This Job _____

CE Non Need _____ FWS _____ FWSCS _____

ST _____ SUFFIX _____ Approval _____

<p>PAYROLL USE ONLY</p> <p>New Employee</p> <p>_____</p>
