

# UMA STUDENT EMPLOYMENT AUTHORIZATION FORM

Please check one:  Federal Work Study - Return completed form to: Financial Aid Office 46 University Drive, Augusta, ME 04330-9410  
 Department Funded - Return completed form to: Administrative Services 46 University Drive, Augusta, ME 04330-9410

## STUDENT SECTION

(Please Print)

SOC. SEC. #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ARE YOU A U.S. CITIZEN?  YES  NO (If no) Can you furnish proof of your legal right to remain and work in the U.S.? \_\_\_\_\_ GENDER \_\_\_\_\_

HAVE YOU WORKED FOR THE UNIVERSITY IN THE LAST 12 MONTHS?  YES  NO (If no) Federal law requires you to complete an I-9 within 3 days of your beginning date of employment.

Please Check One: Are you a University of Maine at Augusta student  YES  NO Credit Hours \_\_\_\_\_

## EMPLOYER SECTION

(Please Print)

UMA Dept.  Off Campus Employer

DEPARTMENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TEL. # \_\_\_\_\_

PLEASE CHECK ONE. Is this authorization a: \_\_\_\_\_ NEW HIRE \_\_\_\_\_ CHANGE BEGINNING DATE FOR THIS JOB \_\_\_\_\_

\*What is the reason for the change? (Check all that apply.)

ACCOUNT # CHANGE  
 CHANGE IN JOB TITLE

PROMOTION  
 OTHER \_\_\_\_\_

MAXIMUM EARNINGS/AWARD AMOUNT

\$ \_\_\_\_\_

(Any earnings over the maximum amount will be charged to the employer at 100%.)

**REQUIRED** DEPARTMENT 10 DIGIT ACCOUNTING ID: \_\_\_\_\_ Record # \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ Position code: \_\_\_\_\_ HOURLY WAGE \$ \_\_\_\_\_

*See UMA Student Job Classification and Pay Scale*

The student named above is not officially employed until this authorization is approved by either of the offices indicated above. All students and supervisors must abide by the guidelines in the UMA Student Employment Programs Guide. Student employees must complete an I-9 and W-4 Form before working. Direct deposit is mandatory for all student employees and your paycheck will be direct deposited to the bank of your choice.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

### Distribution Codes

\_\_\_\_ FED WK STD      \_\_\_\_ FWS CS OFF  
\_\_\_\_ FWS AM RDS      \_\_\_\_ FWS CS SM  
\_\_\_\_ FWS CM SV      \_\_\_\_ FWS CSSMOF  
\_\_\_\_ FWS OFF          \_\_\_\_ FWS SUM  
\_\_\_\_ FWS OFF SUM      \_\_\_\_ STUDENTS  
                                 \_\_\_\_ SUMMER

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

Credit Hours \_\_\_\_\_/\_\_\_\_\_

FICA EXEMPT: YES / NO

Hourly Wage \_\_\_\_\_ Position # \_\_\_\_\_

Semester \_\_\_\_\_

\_\_\_\_\_  
Authorized Staff Signature

\_\_\_\_\_  
Date