

**Le Moyne College**  
**Student Work Authorization Form**

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**1. Supervisor Section - Please complete in full**

Department \_\_\_\_\_

Budget (Account) Number \_\_\_\_\_ - \_\_\_\_\_

Job Title \_\_\_\_\_

Primary Supervisor \_\_\_\_\_

Wage Level \_\_\_\_\_

Alternate Supervisor \_\_\_\_\_

☐ Summer Position (May to August)      **Start Date Summer** \_\_\_\_\_ (MM, DD, YY)

☐ Academic Year (August to May)      **Start Date Academic** \_\_\_\_\_ (MM, DD, YY)

I authorize the hiring of the student below for employment in my department. I acknowledge that all wages will be expensed to the Budget Number indicated and I have verified that funds are available.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**2. Student Section – Please print clearly. Once completed, bring form to the PAYROLL OFFICE – GH 209D**

Name \_\_\_\_\_ (Last, First, MI)      Male / Female (please circle)

Home Address \_\_\_\_\_  
Street City State ZIP

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Are you on a Foreign Student Visa? Yes \_\_\_\_\_ No \_\_\_\_\_ Visa Type? F-1 \_\_\_\_\_ J-1 \_\_\_\_\_ Other \_\_\_\_\_

Have you worked on campus before: Yes / No (please circle)

I understand that my employment at Le Moyne College is directly related to my status as an enrolled student.

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

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**3. Payroll – this section to be completed by Payroll only.**

W-4 Completed \_\_\_\_\_ I-9 \_\_\_\_\_ NY Sec 195 \_\_\_\_\_ Direct Deposit/EDDP \_\_\_\_\_ POSS ID \_\_\_\_\_

Payroll Approval \_\_\_\_\_ Date \_\_\_\_\_

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**4. Financial Aid – this section to be completed by Financial Aid only.**

Position ID \_\_\_\_\_ Wage Rate \_\_\_\_\_

Summer: ☐ INS      Date Hired \_\_\_\_\_ Date Set Up \_\_\_\_\_ XL \_\_\_\_\_

Fall/Spring: ☐ INS ☐ Federal WS \$ \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Set Up \_\_\_\_\_ XL \_\_\_\_\_

Financial Aid Approval \_\_\_\_\_

Name \_\_\_\_\_ (Last, First, MI)

ID: \_\_\_\_\_