COLLEGE OF CHARLESTON
STUDENT EMPLOYMENT APPROVAL FORM

CHECK ONE: ___HIRE ___CHANGE:_____ __x__TERMINATION

NAME: Jane Doe SSN: 123-45-6789

PERMANENT ADDRESS: 435 Happy Trails Court, Lexington, KY 34897

LOCAL MAILING ADDRESS: 001 CofC Complex, Charleston, SC 29424

LOCAL PHONE: 555-1212 EMAIL: janedoe@email.com

CITIZENSHIP INFORMATION: ARE YOU A U.S. CITIZEN? __X__YES ____NO (IF NO, CHOOSE YOUR STATUS BELOW)

- ☐ VISA: F1 or J1 EXPIRATION DATE:_____ PASSPORT #_____
- ☐ PERMANENT RESIDENT EXPIRATION DATE:_____ A#_____
- ☐ RESIDENT ALIEN EXPIRATION DATE:_____ A#_____

IMPORTANT! THE INFORMATION BELOW IS TO BE COMPLETED, IN FULL, BY THE EMPLOYER. FORMS RECEIVED WITH INSUFFICIENT INFORMATION WILL BE RETURNED TO THE EMPLOYER RESULTING IN A PROCESSING DELAY.

EMPLOYING DEPT. NAME: Career Services CLASSIFICATION #: 8033

CONTACT: Amy Hunt EMAIL: hunta@cofc.edu

JOB CLASSIFICATION

____ FEDERAL WORK STUDY (FWS) - S

__x__ NON-WORK STUDY (NWS) - T

HOURLY RATE: _____

HOURS/WEEK: _____

ESTIMATED EARNINGS: _____

FOR BAF OFFICE USE ONLY

POSITION # _____

EFFECTIVE DATE (FWS ONLY): _____

BEGIN DATE: _____

END DATE: 4/15/03

6 DIGIT ACCOUNT #	4 DIGIT LABOR OBJECT CODE	ESTIMATED EARNINGS	PERCENT
123456			

BY SIGNING AND SUBMITTING THIS FORM, I CERTIFY THAT ALL INFORMATION ON THIS CONTRACT IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT FULL RESPONSIBILITY OF MONITORING THIS STUDENT'S EARNINGS AND THE DEPARTMENT IS RESPONSIBLE FOR PAYING THE APPROPRIATE PERCENTAGE OF THIS STUDENT'S EARNINGS.

DEPARTMENT CONTACT:_____ DATE:_____

DEPARTMENT CHAIR (IF NEEDED):_____ DATE:_____

GRANT PI (IF PAYING FROM GRANT):_____ DATE:_____

STUDENT EMPLOYMENT:_____ DATE:_____

FOR OFFICE USE ONLY: _____SSII _____F _____S _____M _____SSI