

Student Employment Authorization

Federal regulations require this form to be processed before student begins working.

Date Received _____

SECTION I: Student Information

University ID Number _____ Name (Print): Last _____ First _____ Middle _____

Social Security Number _____ Date of Birth _____ U.S. Citizen Permanent Resident F-1 Visa Other _____

Permanent Home Address _____ City _____ State _____ Zip _____ Home Phone (include area code) _____

Current Local Address _____ City _____ State _____ Zip _____ Local Phone (include area code) _____

Cell Phone Number (include area code) _____ Wright State Email Address _____

I certify that the information on this form is true and accurate. I agree to follow Student Employment protocols and policies found in the Student Employment information section at <http://www.wright.edu/student-success/career-services>

Student Signature _____ **Date:** _____

SECTION II: Employer Information

Job Location: Dayton Campus Lake Campus WSU Off Campus

Department Name _____ Campus Address _____ Phone Number _____ Street Address _____ City _____ Student Supervisor (Print Name) _____ Are you the student's time sheet approver? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, list below) _____ Student Time Sheet Approver (Print Name) _____ Approver Code (*Required) _____	Job Title _____ Will hire Regular <input type="checkbox"/> *Must Check One: Will hire only Work Study <input type="checkbox"/> Will hire either Regular or Work Study <input type="checkbox"/> BANNER Position # _____ Job Class _____ Handshake Job # _____ Hourly Rate of Pay (*Required) _____ Official Start Date (*Required) _____ Fund Number (*Required) _____ Organization Number (*Required) _____ Activity Code _____ Please indicate the reason for the employment authorization: New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Promotion <input type="checkbox"/>
Does position require safety training? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, register with Environmental Health and Safety https://www.wright.edu/facilities-management-and-services/environmental-health-and-safety/training	

Was this position advertised in **Handshake** through Wright State Career Center? Yes No

Did you confirm that the student meets the minimum credit hour requirement? Yes No

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Signature _____ **Date:** _____

Supervisor Email Address _____

For office use only

New _____ Other _____ FWS _____ FWS amount \$ _____ Registration: Fall _____ Spring _____ Summer _____ Processed by _____

Job posted in CSO _____ Date loaded _____ Employee Class _____ W/S _____ By _____