

Lewis & Clark College

PORTLAND, OREGON USA

STUDENT EMPLOYMENT REQUEST

June 1, 2008 – May 31, 2009

FEDERAL WORK-STUDY (Earning Limit \$ _____)

COLLEGE EMPLOYMENT

Student Name: _____ ID #: _____

Department Name: _____

Account Number: _____ 5400 5450 5470
Federal Work Study College Employment Off Campus FWS

Supervisor Name: _____

Supervisor Contact Info: Ext # _____ MSC _____ Email Address _____

Job Title: _____

Start Date: _____ Rate of Pay: \$ _____ Hourly Salary

In order to comply with US Homeland Security Department regulations, all students must **complete an I-9 form prior to or no later than the first day of work**. Students complete the form with the Student Financial Services office. **Failure to have a completed I-9 form on file with the College may result in immediate termination of employment.**

Hours worked by the above named students will be certified on a monthly timecard. Once the timecard is signed by me, I am responsible to retain a photocopy, and ensure delivery of original to Student Financial Services by the published timecard due date. I understand and agree to conditions as indicated in the Lewis & Clark College Student Employment Policies and Procedures, including but not limited to:

- **Student is not eligible to begin work until I have received back a signed authorization from Student Financial Services.**
- Students and employers are both responsible for monitoring earning limits.
- Students may not work more than 20 hours per week when classes are in session, and no more than 40 hours when classes are not in session.

Supervisor's Signature

Date

Student's Signature

Date

STUDENT EMPLOYMENT AUTHORIZATION

For SFS Use Only

All documents completed. Student is authorized to begin work as of _____

SFS Signature _____ Date _____

I-9 Completed _____ FWS Eligibility (Y/N) _____ FWS Remaining _____

Time Card to: Supervisor _____ Student _____ Other _____ (initial, date)