

## **Student Work Authorization Form**

Last Name:	First Nam	e:	Student 700:
Cell Phone:	CMU Ema	ail:	
	Job Info	rmation and Description	
Require	d		
Student Assist (SA) Work Study (WS) Either	Org #	Hourly Pay Rate \$(Min. Wage up to \$15 per hour)	Start Date
Position Title:			
Duties:			
Supervisor Name:			
	Submitted by Proxy Proxy	Name:	
* Student is not eligible to work until you are notified by payroll.			
STUDENT PAYROLL OFFICE	ONLY		
Effective Date:	Entered By: Date:	CN _	CW SF MW AA SA
Cr: New Hire:	WS not acpted:		