

Work Authorization Form

Legal Last Name:		Legal First Name:		
Preferred Name:		Student 700#:		
CMU Email:		C	Cell Phone:	
	Job Infor	mation and Description		
	Required			
Student Assist (SA)	Org #	Hourly Pay Rate \$	Start Date	
Work Study (WS)		(min. wage to max rate allowed for s	(min. wage to max rate allowed for students)	
Either				
Position Title:				
Duties:				
Supervisor Name:				
		xy Name:		
* Student is not el	igible to work until you are notified by pa	yroll.		
STUDENT PAYROLL	OFFICE ONLY			
Effective Date:	Entered By: Date:	CN CW	SF MW AA SA	
Cr: New	/ Hire: WS not acpted:			