

Clark University
Undergraduate Student Employee Hire Form
Fiscal 2018-2019

Financial Assistance
Phone 793-7783

finaid@clarku.edu
Fax 793-8802

Section I. To be completed by the **student**:

Student Name: _____ (please print) Clark ID#: _____ Box # _____
Cell Phone #: _____ Anticipated Year of Graduation _____

I acknowledge that I have read and understand the [Student Employment Handbook](#). I understand that all communications related to this position at Clark will be communicated to me at my University email account. If I am an international student I understand and agree that I will not work more than 20 hours per week in all jobs during the academic year.

Student Signature

Date

SECTION II. To be completed by the **hiring supervisor**: Please complete all the information in this section and leave nothing blank. Incomplete forms will be returned to the supervisor and may delay the student's paycheck.

Supervisor's Name: _____ (print) Extension # _____

The above named student is being hired for the position of: _____ in the
_____ department. Position starts on _____, 20__ and
ends on _____, 20 __. (Seniors must stop working by April 29, 2019)

Approver Name: _____ (print) Proxy Name: _____ (print)

The Supervisor is the default **Approver** who is authorized to approve and submit electronic student timesheets. A **Proxy** is the individual(s) who is authorized to approve timesheets when the Approver is not available.

SECTION III. To be completed by the **Budget Manager or Designee**

I understand that the student's earnings will be charged to the budget indicated below and authorize the total amount of \$ _____ for fiscal 2018-2019

FUND: _____ ORG: _____ Rate of pay: _____

Budget Manager Name (please print) _____

Budget Manager Signature

Date

SECTION IV. FAO only - Banner:

Position _____ 6051: \$ _____	Job from _____ to _____
CS <input type="checkbox"/> Position _____ 6052: \$ _____	Job from _____ to _____
Position _____ 6053: \$ _____	Job from _____ to _____