



Student Employment

On-Campus Non-Work Study Employment Authorization Form

Showalter Hall 303
P: (509) 359-2525
F: (509) 359-6262

TO BE COMPLETED BY EMPLOYEE:

Student ID	Name: Last	First	Middle
Permanent Street Address:	City	State	Zip
Mailing Street Address:	City	State	Zip
Local Phone:	Eagles E-mail Address:		

I meet one of the student employment eligibility requirements below. Check the box that applies:

- Full time student enrolled for 10 or more credits
- Part time *Undergraduate* student (enrolled for 6 or more credits) or *Graduate* student (enrolled for 4 or more credits)

Are you a minor (under 18?)

- No Yes – *Employment of minors requires the Minor Work Authorization Form.*

Have you previously worked for EWU as a student or non-student? If yes, when? _____

Do you have a relative working at EWU?

- No Yes – *Relationship, Name, and Place of work* _____

I understand:

- I have been hired as a temporary employee to perform work which does not exceed a maximum of 516 hours in any six consecutive months (this averages to 19 hours per week), exclusive of hours worked on established academic breaks.
- As a temporary, at-will, part-time employee, my employment or compensation can be terminated, with or without cause, at any time by me or my employing official.
- It is my responsibility to notify my department if I am, or I start working more than one on-campus job
- If I drop below the minimum credit requirements (6 credits as an Undergraduate/4 credits as a Graduate) I am no longer eligible for student employment and I must notify my department.
- It is my responsibility to request an accommodation through Human Resources if needed to perform my job.
- Once I have finished my degree, I am no longer eligible to work as a student employee.

Signature of applicant: _____ **Date:** _____

TO BE COMPLETED BY DEPARTMENT:

<i>*Attention Departments: Retain a copy of this completed form prior to submitting to Student Employment.*</i>				
<i>Departments are required to post a job description on Handshake and conduct a health and safety orientation with the employee prior to submitting this authorization form. Student Employee positions are considered temporary positions and are subject to WAC rules # 357-04-040, 415-108-520 and 182-12-115.</i>				
Department Name:	Dept. Org	Handshake Job ID#	Begin Date:	End Date:
Job Title (attach Job Description)		Index/Budget:		Hourly Rate:
Identify employee schedule (days per week/hours per day)		Working Days: (please circle) M T W TH F Sat. Sun.		

Will this position, during the course of university employment, be involved in:

- Unsupervised access to developmentally disabled, vulnerable adults, or children under the age of 16 years? No Yes
 The receipt of, or accountability for, university funds or other items of value? No Yes

Supervisor/employing official: _____ Phone: _____ Mail Stop: _____

Supervisor/employing official's signature: _____ Date: _____

Timesheet Approver, if different than Supervisor (Print): _____

SEO Signature:	Date:	POSN:	Credits:	QTR:
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