

**Student Employment**

Non-Work Study

Employment Authorization

Showalter Hall 300

Phone: (509)-359-2525

Fax: (509)-359-6262

E-mail: stuemploy@ewu.edu

**TO BE COMPLETED BY EMPLOYEE:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID: | Name: Last | | | First | | | Middle Initial |
| Permanent Street  Address: | | City | | | State | Zip | |
| Mailing Street  Address: | | City | | | State | Zip | |
| Local  Phone: | | | EWU 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 in 6 or more credits) or *Graduate* student (enrolled in 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:**

* Prior to beginning employment, I must upload my MMR immunizations or obtain a religious or medical exemption.
* 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 19-hours per week), exclusive of hours worked on academic breaks.
* As a temporary, at-will, part-time employee, my employment can be terminated with or without cause, at any time.
* It is my responsibility to notify my supervisor if I am or if I start working more than one on-campus job.
* If I drop below the minimum credit requirements (6 credits as an Undergraduate or 4 credits as a Graduate), I am no longer eligible for student employment and must notify my supervisor.
* If I need a reasonable accommodation to perform my job, I must contact Human Resources and submit a request.
* Eligibility for unemployment is determined by the Employment Security Department. Student employee wages and hours are not reported.
* 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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Attention Departments: Retain a copy of this completed form prior to submitting to Student Employment***  *Departments are required to post all job descriptions on Handshake, and conduct a health and safety orientation with the employee before the student engages in tasks that may pose a potential hazard. Student Employee positions are considered temporary positions and are subject to WAC 357-04-040, 415-108-520, 182-12-111, and the EWU Temporary Employment Policy.* | | | | |
| Department Name: | Dept. Org: | Handshake Job ID #: | Begin Date: | End Date: |
| Job Title (attach job description): | | | Index/Budget: | Hourly Rate: |

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

Unsupervised access to developmentally disabled or vulnerable adults or children under the age of 16 years? ☐ Yes ☐ No

The receipt of, or accountability for, university funds or other items of value? ☐ Yes ☐ No

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supervisor/Employing Official (Print Name): | | |  | | | Signature: | |  | |
| Date: |  | Phone: | |  | | | Mail Stop: | |  |
| Timesheet Approver, if different than Supervisor (Print Name): | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Background check received (date) | | Supervisor E-mailed (date) | | |
| SEO Signature | Date | Posn | Term | Credits |

Updated 8/31/23 mmacdonald