

# Work Study Authorization Form

## Section I - Student Information

*Students should not begin to work until this form is received by the Student Employment Office. Retroactive hours will not be paid for with work-study funding if employment begins before this time.*

Student's name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student's position title: \_\_\_\_\_

Number of credits currently enrolled: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

## Section II - Student Awarding Request

*Please select **ONE** estimated award amount based on student's anticipated workload for the semester. Increase requests can be completed later if needed and if work study funds remain. Annual award amounts are awarded evenly over the entire academic year. For example, \$10,000 is awarded annually (\$5,000 each semester) for a student estimated to work 16-20 hours a week each semester.*

| Anticipated hours per week | Annual Award Amount |
|----------------------------|---------------------|
| 0 - 5                      | \$ 2,500            |
| 6 - 10                     | \$ 5,000            |
| 11 - 15                    | \$ 7,500            |
| 16 - 20                    | \$ 10,000           |

*\*NOTE: award amounts may differ depending on student's actual eligibility*

By checking this box, I (the student) authorize the reduction or cancellation of federal student loans that are offered or accepted to accommodate this work study award. I understand that this may create a balance that I am responsible for paying on my student account.

## Section III – Employer Information

Employing Department/Agency Name: \_\_\_\_\_

Supervisors Name (**Print Clearly**): \_\_\_\_\_ \*Speed Type: \_\_\_\_\_

(Required - See Contract)

Contact e-mail address: \_\_\_\_\_

Campus Box (if applicable): \_\_\_\_\_ Student Pay Rate (\$/hr): \_\_\_\_\_

\*Student's Start Date: \_\_\_\_\_ \*Student's End Date: \_\_\_\_\_

## Section IV – Signatures

**By signing this form, the student certifies that all information reported is correct and understands their responsibilities as an employee and recipient of a work study award as set forth in the [Federal Student Aid Handbook](#) and the [Student Employment Handbook](#).**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, the supervisor authorizes that they are familiar with, and will abide by the policies and procedures set forth in the [Student Employment Handbook](#).**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students can upload forms to Secure Document Upload on the Financial Aid website or use this QR code

**QR**

Anyone can email completed form to Student Employment Office



**Student Employment Office**

P.O. Box 173364, Campus Box 125 Denver, CO 80217-336

Phone: 303.315.5969 Fax: 303.315.1886 Email: [StudentEmployment@UCDenver.edu](mailto:StudentEmployment@UCDenver.edu)

## Background Check Disclosure

The University of Colorado Denver | Anschutz Medical Campus (the “University”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment. This background information may be obtained in the form of consumer reports and/or “investigative consumer reports” (commonly known as “Background Reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired by the University, throughout your employment.

**HireRight, Inc.** (“HireRight”), will prepare or assemble background reports for the University. HireRight, Inc. is located and can be contacted by mail at 3349 Michelson Dr. Suite 150, Irvine, CA 92612, and HireRight can be contacted at (800) 400-2761.

The types of information that may be obtained include but are not limited to: credit reports and bankruptcy filings history (for certain employment positions only); social security number verification; criminal records and history; public court records; driving records; educational history verification (e.g. dates of attendance, degrees obtain); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); workers compensation claims; personal and professional references checks; professional licensing and certification checks; address history; accident history; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

The information may be obtained from private and public record sources, including as appropriate: government agencies and courthouses; educational institutions; current or former employers, or other acquaintances and other information sources. If the University should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the University will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

*Student Employment Office*

P.O. Box 173364, Campus Box 125 Denver, CO 80217-3364

Phone: 303.315.1842 Fax: 303.315.1835 Email: [studentemployment@ucdenver.edu](mailto:studentemployment@ucdenver.edu)

Once this form is submitted by the Business Partner, Human Resources will initiate a background check via HireRight, Inc, our background check vendor. The applicant will then receive an email with further instructions on submitting their own background check consent form on-line through HireRight, Inc. Departments and applicants will be notified by Human Resources upon successful completion of the background check. Please note, it is important to ensure that the information on the on-line form is accurate and complete. *Additionally, applicants may not begin work until they have received notification that they have successfully completed the background check.*

## Background Check Request

### Section I – Applicant Information

STUDENT'S NAME: \_\_\_\_\_  
(Exactly as it appears on your Social Security Card)

Other legal names used it different from above: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

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### Section II – Department Information

Job Posting Number: \_\_\_\_\_ Position Title or Program Applied for: \_\_\_\_\_

Department: \_\_\_\_\_ Anticipated Effective/Hire Date: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Department HR Liaison: \_\_\_\_\_

Applicant Status:

Classified    University Staff    Faculty    Student Employee    Volunteer

Select all that apply:

Criminal    MVR    Sex Offender  
 Financial (must be an Office of the University)    Other – please describe below

If "Other" was selected from above, please specify the type of check needed – to be used for special circumstances only

Will this individual be working with minors?

Yes    No

For SE Office Use Only

Employee ID:

Date Sent:

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P.O. Box 173364, Campus Box 125 Denver, CO 80217-3364

Phone: 303.315.1842 Fax: 303.315.1835 Email: [studentemployment@ucdenver.edu](mailto:studentemployment@ucdenver.edu)



## Emergency Contact Worksheet

### Employee:

Please return the completed form to your department payroll representative for entry and record retention. **Please note: you should update this information on the Employee Portal (CU Resources). You do not need to submit this form in addition.**

**This form should NOT be sent to ES.**

**Each employee must choose one PRIMARY emergency contact.**

**Multiple emergency contacts may be submitted - please complete a separate form for each person.**

Initial Information     Additional Contact Info     Replacement Contact Info     Update Existing Contact Info

### Employee

|   |   |                      |
|---|---|----------------------|
| <b>Employee Name:</b> <i>(Last Name, First, Middle)</i> | <b>Employee ID #</b> <i>(preferred)</i> or SSN: | <b>Date:</b>         |
| <input type="text"/>                                    | <input type="text"/>                            | <input type="text"/> |

### Emergency Contact Address/Phone

|   |                                  |  |                        |                        |                        |
|---|----------------------------------|--|------------------------|------------------------|------------------------|
| <b>Contact Name:</b>                              | <b>Relationship to Employee:</b> | <b>Primary Contact?</b> <i>(Required)</i>          |                        |                        |                        |
| <input type="text"/>                              | Other <input type="text"/> ▼     | <input type="radio"/> Yes <input type="radio"/> No |                        |                        |                        |
| <input type="checkbox"/> Address Same as Employee |                                  | <input type="checkbox"/> Phone Same as Employee    |                        |                        |                        |
| <b>Address 1:</b>                                 |                                  |  |                        |                        |                        |
| <input type="text"/>                              |                                  |  |                        |                        |                        |
| <b>Address 2:</b>                                 |                                  |  |                        |                        |                        |
| <input type="text"/>                              |                                  |  |                        |                        |                        |
| <b>City:</b>                                      | <b>State:</b>                    | <b>Postal Code:</b>                                | <b>County:</b>         |                        |                        |
| <input type="text"/>                              | <input type="text"/>             | <input type="text"/>                               | <input type="text"/>   |                        |                        |
| <b>Phone Numbers:</b>                             |                                  |  |                        |                        |                        |
|   | Contact Phone                    | Other Phone 1                                      | Other Phone 2          | Other Phone 3          | Other Phone 4          |
| <b>Type:</b>                                      | <input type="text"/> ▼           | <input type="text"/> ▼                             | <input type="text"/> ▼ | <input type="text"/> ▼ | <input type="text"/> ▼ |
| <b>Number:</b>                                    | <input type="text"/>             | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |



### Personal Information Worksheet (Hire/Update) -- Add a Person/Modify a Person

This form is designed to assist departments with HRMS data entry. The form may be completed online before printing. **This form should NOT be sent to ES.**

- Navigation:**
- (1) Workforce Administration > Personal Information > Search for Matching Person
  - (2) Workforce Administration > Personal Information > Add a Person
  - (3) Workforce Administration > Personal Information > Modify a Person

Grayed-out fields indicate optional information, not required by HRMS

[Click Here for HRMS Step-by-Step Guides](#)

#### Biographical Details

|   |   |  |   |
|---|---|--|---|
| Employee ID (if applicable):  | Effective Date for Name:                          | Prefix:  | Suffix:   |
|   |   | ▼  | ▼   |
| <b>Name must be entered EXACTLY as printed on Social Security Card.</b> |   |  |   |
| First Name:   | Middle Name/Initial:                              | Last Name:   | Date of Birth:  |
| Birth Country:  | Birth State:                                      | Birth Location:                                    | Gender:<br><input type="radio"/> Female<br><input type="radio"/> Male |
| <b>Highest Education Level: (select one)</b>                            |   |  |   |
| <input type="radio"/> A - Not indicated                                 | <input type="radio"/> E - Technical School        | <input type="radio"/> I - Master's Level Degree    | <input type="radio"/> L - Post Doctorate                              |
| <input type="radio"/> B - Less than HS Grad                             | <input type="radio"/> F - 2-Year College Degree   | <input type="radio"/> J - Doctorate (Academic)     | <input type="radio"/> Pharmaceutical Chemist                          |
| <input type="radio"/> C - HS Grad or Equivalent                         | <input type="radio"/> G - Bachelor's Level Degree | <input type="radio"/> K - Doctorate (Professional) | <input type="radio"/> Specialist in Education                         |
| <input type="radio"/> D - Some College                                  | <input type="radio"/> H - Some Graduate School    |  |   |
| Associate of: _____ (Field)   | Master of: _____ (Field)                          | Doctor of: _____ (Field)                           | Other: _____ (Field)  |
| Bachelor of: _____ (Field)  |   |  |   |
| Certificate of: _____ (Field)   |   |  |   |
| Marital Status:   | As of (date):                                     | Language:  | Alternate ID:   |
|   |   |  |   |
| Social Security Number (National ID):                                   |   |  |   |

#### Contact Information

|  |   |              |
|--|---|--------------|
| <b>HOME ADDRESS</b><br><i>(Permanent or Foreign Address for Non-Resident International Employees)</i>  | Country: <input type="radio"/> U.S.A.<br><input type="radio"/> Other: |              |
| Address 1:   |   |              |
| Address 2:   |   |              |
| City:  | State:  | Postal Code: |
|  |   |              |
| <b>MAILING ADDRESS</b> <input type="checkbox"/> Same as Home Address<br><i>(Checks, pay advices and W-2 forms will be mailed to this address.)</i> | Country: <input type="radio"/> U.S.A.<br><input type="radio"/> Other: |              |
| <b>For Non-Resident International Employees, mailing address MUST be a local street address (not P.O. Box or foreign address).</b>                 |   |              |
| Address 1:   |   |              |
| Address 2:   |   |              |
| City:  | State:  | Postal Code: |
|  |   |              |

**Personal Information Worksheet - Page 2**

**Contact Information (cont'd)**

| Telephone Numbers:     |                          |                  |  |
|------------------------|--------------------------|------------------|--|
| Home                   | Campus 1 (for directory) | Additional Phone | Additional Phone Type  |
|                        |                          |                  | <input type="radio"/> Cellular <input type="radio"/> Pager <input type="radio"/> Fax <input type="radio"/> Other |
| E-Mail Addresses:      |                          |                  | Additional E-Mail Type:  |
| Campus (for directory) | Additional E-Mail        |                  | <input type="radio"/> Business <input type="radio"/> Dorm <input type="radio"/> Home <input type="radio"/> Other |

**Regional** Ignore "Date Entitled to Medicare" and Citizenship proof fields

| Ethnic Group Definitions (Source: Dept. of Equal Opportunity)  |  |
|--|--|
| History Effective Date:  | African American: Black, not of Hispanic origin. A person having origins in any of the black racial groups of Africa.  |
| Ethnic Group: (Selection Required)   | American Indian/Alaskan Native: A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.   |
| Check boxes in right column for all that apply. Use left column to mark primary group.   | Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia and the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, Cambodia, Malaysia, Pakistan, Thailand, Vietnam and the Phillipine Islands.  |
| <input type="radio"/> <input type="checkbox"/> African American<br><input type="radio"/> <input type="checkbox"/> American Indian/Alaskan Native<br><input type="radio"/> <input type="checkbox"/> Asian<br><input type="radio"/> <input type="checkbox"/> Caucasian<br><input type="radio"/> <input type="checkbox"/> Hispanic/Latino<br><input type="radio"/> <input type="checkbox"/> Chose Not to Disclose<br><input type="radio"/> <input type="checkbox"/> Native Hawaiian/ Pacific Islander | Caucasian: White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.<br>Hispanic/Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.<br>Chose Not to Disclose: Use when entering ethnicity data for an employee who chooses not to disclose ethnicity information. Ethnicity data is used by the University for numerous reporting requirements and it is requested you complete this information as accurately as possible when entering a new hire.<br>Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |

| Military Status: (Voluntary Disclosure -- choose "Not Indicated" if unknown*)  |  | *Copy of DD214 to be sent to the campus HR office if veteran status is being selected. |
|--|--|--|
| <input type="radio"/> Not Indicated <input type="radio"/> No Military Service<br><input type="radio"/> Active Reserve <input type="radio"/> Other Protected Veteran<br><input type="radio"/> Inactive Reserve <input type="radio"/> Disabled Vietnam Era Vet<br><input type="radio"/> Disabled Vet <input type="radio"/> Retired Military<br><input type="radio"/> Vietnam Era Vet | Veteran Definition - (source: U.S. Department of Labor, Veterans' Employment and Training. <a href="http://www.dol.gov/vets">www.dol.gov/vets</a> )<br>Vietnam Era Veteran: (1) Served in the military, ground, naval or air service of the U.S. on active duty for a period of time more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such activity duty occurred: i) in the Republic of Vietnam between 2/28/61 and 5/7/75; or ii) between 8/5/64 and 5/7/75 in all other cases; or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed: i) in the Republic of Vietnam between 2/28/61 and 5/7/75; or ii) between 8/5/64 and 5/7/75 in all other cases. |  |

**Dept Information/Verifications** Employment Eligibility Proof section for HR use only

| Effective date -- accept default or change as needed: | Home Dept. Nbr.:   | (Home Department Name - autofills) | Campus Box |
|---|--|------------------------------------|------------|
|   |  |                                    |            |
| Background checks                                     | <input type="checkbox"/> Criminal History Records    Date: _____<br><input type="checkbox"/> Financial History Records    Date: _____<br><input type="checkbox"/> Motor Vehicle Records    Date: _____<br><input type="checkbox"/> Other Background Check    Date: _____ |                                    |            |

**Organizational Relationships (use in Add a Person only)**

|  |
|--|
| <input type="radio"/> Employee <input type="radio"/> Contingent Worker <input type="radio"/> POI (Person of Interest) -- specify as below:   |
| <input type="radio"/> Affiliate <input type="radio"/> Affiliate -- PSL <input type="radio"/> Electronic Res Admin <input type="radio"/> Pre-Employment <input type="radio"/> Veterans Administration<br><input type="radio"/> Affiliate -- DHHA <input type="radio"/> Affiliate -- Rose <input type="radio"/> External Instructor <input type="radio"/> Regent <input type="radio"/> Visiting Scholar<br><input type="radio"/> Affiliate -- Kaiser <input type="radio"/> Affiliate -- VA <input type="radio"/> External Trainee <input type="radio"/> Security Access <input type="radio"/> Volunteer<br><input type="radio"/> Affiliate -- NJH <input type="radio"/> COBRA Qual Participant <input type="radio"/> Other <input type="radio"/> Student Athlete <input type="radio"/> Volunteer Clinical Faculty<br><input type="radio"/> Summer Employment Gap |

**Compatibility Report for Personal-Data 12.1.14.xls**  
**Run on 12/1/2014 11:20**

The following features in this workbook are not supported by earlier versions of Excel. These features may be lost or degraded when opening this workbook in an earlier version of Excel or if you save this workbook in an earlier file format.

**Minor loss of fidelity**

**# of occurrences**

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Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.

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**Version**

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| Excel 97-2003 |
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