



Work-Study Authorization Form

➤ Section I – Student Information

STUDENT'S NAME: _____ STUDENT ID#: _____
(Exactly as it appears on your Social Security Card)

Number of credits currently enrolled: _____ Semester: _____ Year: _____

As a student employee, you are employed "at will". This means that either you or your employer can terminate your employment at any time during the semester. You are responsible for obtaining a copy of, and reading the Student Employment Handbook and abiding by the policy set forth in this document.

Student Signature: _____ Date: _____

➤ Section II – Employer Information

Employing Department/Agency Name: _____

Supervisors Name (**Print Clearly**): _____ Phone #: _____

Contact e-mail address: _____ *Speed Type: _____
(Required - See Contract)

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

*Student's Start Date: _____ *Student's End Date: _____

****Students may NOT begin working until the Student Employment Office has sent a time sheet via email for the student listed above. Retroactive hours will not be paid with work-study funding if employment begins before this time.****

****If you would like to authorize another department member to sign the student's timesheets, please provide the following.****

Name: _____ Phone #: _____

Contact e-mail address: _____ Campus Box (if applicable): _____

Authorized Member Signature: _____

It is understood that the employing agency signing this form is knowledgeable of the guidelines within the Off-Campus Work-Study Contract. It is also understood that by signing this form, the supervisor is familiar with, and will abide by the policies and procedures set forth in the Student Employment Handbook.

Supervisor Signature: _____ Date: _____

For SE Office Use Only

Employee ID: _____

Upload forms to ucdenver.edu/fadocs

Student Employment Office

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

Phone: 303.315.1842 Fax: 303.315.1886 Email: StudentEmployment@UCDenver.edu