

STUDENT WAGE EMPLOYMENT AUTHORIZATION

This application is required for all Student Wage (SW) jobs.

To be Completed by Employer

Last Name _____ First Name _____

7 Digit Employee ID #: _____

Department must complete a new employment form for pay rate change

Academic Year: August thru May , 20

Summer: May thru August , 20

- * Academic Year student must be enrolled at least part time:
(6hrs Undergrad / 5hrs Graduate)
- * Student must be at least 1/2 time to be FICA exempt.
- * Students enrolled in classes may work up to 30 hrs per week when school is in session and 40 hrs per week when school is not in session, per Financial Aid Office.

- * Summer Session students MUST be returning, transferring in, or a new student who will be attending at least ½ time in the Fall.
- * Student must be at least ½ time to be FICA exempt.
- * If attending summer school at least ½ time, then the student may only work 30 hours per week, per Financial Aid Office.
- * If NOT attending summer school, or attending less than ½ time, then the student may work up to 40 hours per week, per Financial Aid Office.

Does Student hold a graduate assistantship? Yes

If yes, student may NOT work a Student Wage job UNTIL Payroll receives an approval memo from the Graduate Dean

Position held is Safety/Security Sensitive Yes No
(must check one)

See NAU Policy 1.085 regarding Safety/Security Sensitive Identification

*****IF PAY RAISE, DEPARTMENT MUST COMPLETE NEW EMPLOYMENT FORM***
ALL OTHER CHANGES MAY BE PROVIDED ON A COPY OF
EMPLOYEE'S MOST RECENT SWEA**

Add to Payroll Pay Rate Change

Begin Date: _____

Rate Per Hour: _____ Position #: _____

Job Title: _____

Remove from Payroll

Position Change: From: _____ To: _____

Effective Date: _____

Department Name: _____

NAU Box: _____

Dept. Code: _____

Supervisor Name: _____

Phone: _____

Signature: _____

Print Name: _____

Phone: _____

*******THIS SECTION IS FOR SECOND JOB ONLY*******

Second Job

Begin Date: _____

Rate Per Hour: _____ Position #: _____

Job Title: _____

Remove from Payroll

Position # Change: From: _____ To: _____

Effective Date: _____

Department Name: _____

NAU Box: _____

Dept. Code: _____

Supervisor Name: _____

Phone: _____

Signature: _____

Print Name: _____

Phone: _____

Date Received in Human Resources: _____

Document MUST be completed and turned in to the H/R Dept BEFORE employee begins work.

Please retain a copy for departmental records