CSU Long Beach

Office of Financial Aid 1250 Bellflower Blvd, Long Beach, CA 90840

# 2017 – 2018 FEDERAL WORK STUDY

# AUTHORIZATION TO HIRE

## Student Information

STUDENT ID NUMBER: 2017 – 2018 FWS AWARD AMOUNT (from MyCSULB printout):

LAST NAME: FIRST NAME: M.I.

EMAIL: PHONE:

***IF YOU HAVE BEEN EMPLOYED BY ANOTHER DEPARTMENT FOR 2017-2018, PLEASE PROVIDE THE FOLLOWING FOR ALL PREVIOUS EMPLOYERS:***TOTAL HOURS WORKED:\_\_\_\_\_\_\_\_\_\_\_\_ HOURLY RATE:\_\_\_\_\_\_\_\_\_\_­\_\_\_ LAST DAY OF EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employer Information: All Fields Are Required. Incomplete Forms Will Delay Start Date of Student Employment.

DEPARTMENT: FWS JOB NUMBER:

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMMEDIATE SUPERVISOR: EMPLID:

PAYROLL MONITORING REP: EMPLID:

CONTACT PERSON (*if other than supervisor*): PHONE:

EMPLOYERS: Please complete the information below. Use the chart for reference. Be sure to verify the items are consistent with what is reported on the SEPTF and Approved PRF. Inconsistent data will delay the student’s employment start date. Please note that the Employment Start Date cannot be prior to August 28, 2017, with an End Date no later than May 19, 2018.

|  |  |  |  |
| --- | --- | --- | --- |
| **Classification Level** | **Minimum** | **Midpoint** | **Maximum** |
| Level A: Entry/Assistant | $10.50 | $11.40 | $13.00 |
| Level B: Specialist | $12.00 | $13.50 | $15.00 |
| Level C: Experienced | $14.00 | $16.25 | $17.78 |

**PAY RATE:**

**CLASSIFICATION LEVEL: A B C (circle one)**

**EMPLOYMENT START DATE:**

I confirm that the position the above named student is being hired for **has been authorized to receive funds** for 2017 – 18 and is an approved FWS position for the 2017 – 18 academic year. I understand the student is not authorized to begin employment until payroll has received & processed all necessary documents (listed in Student section below); payment for any hours the student works that are not authorized through the FWS program will be deducted from my department budget.

**ASM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

## Instructions to Student

The following must be taken to Payroll (Brotman Hall: 3rd Floor, Room 353), prior to beginning employment:

* Hiring Authorization Form (this form)
* Student Employment Payroll Transaction Form (SEPTF)
* Identification Documents:
  + Social Security Card
  + Photo Identification (preferably State Issued; however, CSULB Campus ID is sufficient).
  + If you are an “Eligible Non-Citizen” (i.e., Permanent Resident), you must also bring your Alien Registration Number

## PAYROLL USE ONLY

**PAYROLL HIRE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**