

Authorization Form/Work Study Contract



Student ID # _____ Name (please print) _____

Federal Work Study Minnesota Work Study Award Amount Fall \$ _____ Spring \$ _____

In order to be eligible for MSUM student employment, a student must be registered and pay for their credits through MSU Moorhead. Use this form to authorize work study funds student employment. Once the payroll office verifies this request meets compliance requirements, the student employee authorization will be processed. Do not use this form for regular funds requests. Students may not start work until cleared for payroll and issued eTime access.

It is your responsibility to seek your own employment on campus. Most jobs are posted at www.mnstate.edu/dragonjobs. Requests for transferring work study funds from one semester to another must receive pre-authorization from the Office of Scholarship and Financial Aid.

Terms of Employment:

1. Performance: You are always expected to give regular, punctual, efficient and cooperative performance on any job you accept. You must treat student and college records in a confidential manner.
2. Duration: In accepting a job, you agree to make a commitment to your University position by coming to work on time and working your scheduled hours in order to be paid. You are NOT paid to study while earning your work study funds.
3. Absence: If illness or other unforeseen circumstances prevent your attendance at work, notify your supervisor in advance of your usual reporting time. Unexcused absences may jeopardize your job.
4. Payroll: You will be paid at a wage rate of not less than the campus minimum wage of \$10.33 per hour. Actual wage rate is determined by the employing department. eTimesheets must be completed in a timely fashion. You and your supervisor must approve your eTime attesting the hours reported for payment are the actual hours worked (not studying) and the work was performed in a satisfactory manner.
5. Termination: Your Work Study employment ends when you have earned the maximum dollar amount of your award, or at the end of the academic year, whichever comes first. If you should withdraw from school, be placed on financial aid or academic suspension, you must cease employment at once.

I will comply with the terms of employment above and realize failure to meet these terms may result in termination of my work study employment at MSUM.

Student Signature _____ Date _____

=====TO BE COMPLETED BY EMPLOYER=====

Job Title _____ Start Date _____ Pay Rate \$ _____

Routing ID R _____ Cost Center _____ Supervisor Tech ID _____

Comments/Special Instructions _____

Worker's Comp Code: Professional/Clerical Other

Supervisor's Signature _____ Date Signed _____

Supervisor's Name (printed) _____

BUSINESS SERVICES USE ONLY

FWS <input type="checkbox"/> MWS <input type="checkbox"/>	Registration _____	Cost Center _____	Authorization # _____
Fall _____	Setup Forms _____	Obj Code _____	Date Entered _____
Spring _____	Direct Deposit _____	Match CC _____	By _____