

**UMA STUDENT EMPLOYMENT AUTHORIZATION FORM**

46 University Drive, Augusta, ME 04330-9410

Financial Aid – 207-621-3160 Fax 621- 3333, Student Employment - 621-3182 Fax 621-3405

**STUDENT INFORMATION**

(PLEASE PRINT)

MAINE STREET ID #: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_ YES \_\_\_ NO If no, please contact the Student Employment/HR Office at 621-3182 GENDER \_\_\_\_\_

HAVE YOU WORKED FOR THE UNIVERSITY IN THE LAST 12 MONTHS \_\_\_ YES \_\_\_ NO  
If no, Federal law requires you to complete an I-9 within 3 days of your beginning date of employment.

ARE YOU A UNIVERSITY OF MAINE AT AUGUSTA STUDENT? \_\_\_ YES \_\_\_ NO NUMBER OF CREDIT HOURS \_\_\_\_\_

**SUPERVISOR INFORMATION**

(PLEASE PRINT)

UMA DPET. \_\_\_\_\_

OFF CAMPUS EMPLOYER \_\_\_\_\_

MAXIMUM EARNINGS

\$ \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

THIS AUTHORIZATION IS A \_\_\_ NEW HIRE \_\_\_ RE-HIRE \_\_\_ CHANGE REQUESTED START DATE FOR THIS JOB \_\_\_\_\_

REASON FOR THE CHANGE: \_\_\_ ACCOUNT # \_\_\_ PROMOTION \_\_\_ JOB TITLE \_\_\_ OTHER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ POSITION CODE \_\_\_\_\_ RECORD # \_\_\_\_\_

*See UMA Student Job Classification and Pay Scale*

**REQUIRED:** DEPARTMENT 10 DIGIT ACCOUNTING ID: \_\_\_\_\_ WAGE \$ \_\_\_\_\_

The student named above is not officially employed until this authorization is approved by either of the offices indicated above. All students and supervisors must abide by the guidelines in the UMA Student Employment Programs Guide. Student employees must complete an I-9 and W-4 Forms before working. Direct deposit is encouraged for all student employees. Your paycheck will be direct deposited to the bank of your choice. When classes are in session students cannot exceed 20 hours/week. During breaks and summer session students cannot exceed 40 hours/week.

\_\_\_\_\_  
Supervisors Signature Date Student Signature Date

**OFFICE USE ONLY**

**Distribution Codes**

\_\_\_ FED WK STD      \_\_\_ FWS SUM      START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
\_\_\_ FWS CS ON      \_\_\_ FWS CS SUM      CREDIT HOURS \_\_\_\_\_ / \_\_\_\_\_ SEMESTER \_\_\_\_\_  
\_\_\_ FWS OFF      \_\_\_ FWS SUM OFF      HOURLY WAGE \_\_\_\_\_ POSITION # \_\_\_\_\_  
\_\_\_ FWS CS OFF      \_\_\_ FWS CS SUM OFF      FICA EXEMPT YES OR NO \_\_\_\_\_  
\_\_\_ FWS AM RDS      \_\_\_ SUMMER      \_\_\_\_\_  
\_\_\_ STUDENTS      \_\_\_\_\_  
Authorized Staff Signature

Date