

Federal Work Study
UMA Student Financial Services
 E-Mail: umafa@maine.edu
 Fax: 621-3384

Department Funded
University Services Payroll
 Fax: 561-3456

UMA STUDENT EMPLOYMENT AUTHORIZATION FORM

46 University Drive, Augusta, ME 04330-9410

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 before your first day of employment. **WHEN YOU DROP BELOW HALF TIME YOU MUST STOP WORKING IMMEDIATELY**

ARE YOU A UNIVERSITY OF MAINE AT AUGUSTA STUDENT? ___ YES ___ NO

 Student Signature Date

SUPERVISOR INFORMATION

(PLEASE PRINT)

UMA DEPT. _____ OFF CAMPUS EMPLOYER _____

MAXIMUM EARNINGS \$

DEPARTMENT NAME _____

SUPERVISOR NAME _____ TELEPHONE # _____

AUTHORIZATION FOR: ___ 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/**MUST HAVE JOB DESCRIPTION ATTACHED TO AUTHORIZATION***

REQUIRED: DEPARTMENT 10 DIGIT ACCOUNTING ID: _____ WAGE \$ _____

The student named above is not officially employed until this authorization is approved by HR. 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.

 Supervisor 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 POSITION # _____ HOURLY WAGE _____

___ FWS CS OFF ___ FWS CS SUM OFF FICA EXEMPT YES OR NO

___ FWS AM RDS ___ SUMMER _____
 Authorized Staff Signature

___ STUDENTS _____
 Date