

**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 \_\_\_\_\_ 5 digit Dept. ID: \_\_\_\_\_

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  
\_\_\_ STUDENTS

\_\_\_\_\_  
Authorized Staff Signature  
\_\_\_\_\_  
Date