Cabrini College Student Employment Form

SECTION 1 COMPLETED BY STUDENT	
Name (print):	Student ID No
In-School Phone Number: _	Home Phone Number:
Cell Phone Number:	Cabrini Email:
All returning students must complete a W-4. All new students must complete I-9, W-4, Direct Deposit, Workers Compensation Form, Local Services Tax-Exemption Certificate, and Residency Certification Form.	
I affirm that I have read and understand the rules and regulations that govern the Federal Work-Study Program, and/or Student Jobs Program, and/or the Cabrini Work Grant Program, and that I will abide by those rules and regulations.	
Student Signature:	Date:
PLEASE BRING THIS FORM TO THE DEPARTMENT THAT IS HIRING YOU	
SECTION 2 COMPLETED BY HIRING DEPARTMENT	
Department:	Supervisor:
Student Job Title:	Supervisor's Phone Number:
Pay Rate per Hour: \$	(Departmental Student Positions Only)
Employment Start Date: (No later than 6/30)	
Organization Number: 1101 2520	
I acknowledge that any hours worked in excess of 15 hours per week under the Federal Work Study Program will be paid through my departmental budget. I acknowledge that if the student is not eligible for the Federal Work Study Program, my department has an established budgeted student position. I acknowledge that I have read the rules and regulations that govern the Federal Work Study Program and the Cabrini Work Grant Program, and I will abide by those regulations. I also understand that student workers are not eligible to work until all paperwork is received by Human Resources.	
Budget Manager (print)	Date:
Budget Manager (signature)	
PLEASE BRING THIS FORM TO THE CAVALIER EXPRESS CENTER	
SECTION 3 COMPLETED BY FINANCIAL AID REPRESENTAT	IVE
This student is hired for: Federal Work Study/ Max 15 hours/Wk Cabri	ini Work Grant Combined FWS/CWG
This position is neither FWS nor CWG (Maximum 20 hrs/wk)	
This student's weekly pay rate will be as follows:	
1st Year \$7.25 per hour 2nd Year	\$7.75 per hour 3 rd Year \$8.25 per hour
4th Year \$8.75 per hour Special Rate/Established by Financial Aid Office/Human Resources Office	
Student's FWS award is \$ Rate of pay is \$ Total Available Hours is	
This student IS/IS NOT authorized by Financial Aid to work as a Federal Work Study and/or Cabrini Work Grant employee.	

Date: _____