Student Help Employee (Non-Work Study) **WORK AUTHORIZATION FORM**



Tech ID :		
Name:		
Last	First	<i>M.I.</i>
	ete packet in International Ce not required if already on Stu porization #	letion on back of this form) enter, SU 250
Required Information for All Student	 Employees	
Authorization Details		

Fiscal Year:	Student Job Title:	
Start Date://	End Date://	
Pay Code: 2-character classification level (ex. C1)	Funding Source:(6-digit Cost Center)	
Pay Rate: \$	Timesheet Routing ID:	
Workers' Compensation	Supervisor Tech ID:	
All Other	eTime: Yes No	
Object Code: <u>0910</u>	Name of Employing Dept.	

Authorized By:

Department Chair/Director or Supervisor

Mailing Address

Phone

Student Payroll Completes:
Work Authorization Number:
(this number will appear on your pay roster)

 Form Distribution: Original – Student Payroll
 Copy – Supervisor (keep for your file)

 This form available online at: mnsu.edu/busoff/forms
 Copy – Supervisor (keep for your file)

Date