



Student Employment Payroll Authorization Form
Academic Year 09-10
July 7, 2009 – June 30, 2010

Student Information

CCRI ID# _____ * Previous Student Employee Y N
Last Name _____ First Name _____ MI _____
Permanent Mailing Address _____
City _____ State _____ Zip Code _____
Phone: _____ CCRI Email _____
Registered for at least 6 credits: Y N * Semester: Fall Spring

Having read the CCRI Confidentiality and Nondisclosure Agreement, I acknowledge and ethically oblige to be bound by the Confidentiality and Nondisclosure Agreement and on oath so abide. I understand that I must be registered for at least 6 credits, I must maintain satisfactory academic progress and I am only eligible to earn my Federal Work-Study award during the academic period authorized by the Office of Enrollment Services.

Each December the Office of Enrollment Services will review student awards and may reduce the amount based on the Fall term actual earnings and a projection of Spring term earnings.

Student's Signature _____ Date _____

Department Supervisor

Department Name _____ Banner Org # _____
Supervisor's Name _____ Phone _____
Student's Position: Student Assistant Tutor Lifeguard Community Service
Campus: Warwick Lincoln Providence Newport
Pay Rate: \$ _____ * Job Change * Termination As of _____

Students must not begin working until they have completed all required forms and have returned them to the Office of Enrollment Services for approval. Students must not work more than 15 hours per week.

I certify that I will monitor my student's earnings, not to exceed the Federal Work Study and/or Student Help Allocation:

Supervisor's Signature _____ Date _____

Division Approval _____ Date _____

VP Designee Signature

Office of Enrollment Services

Funding Source: FCWS Student Help * Award \$ _____
(Max .15 hrs) (Max. 15 hrs)

Approved Denied

OES Signature _____ Date _____