



Student Employment Payroll Authorization Form
Academic Year 10-11
July 1, 2010 – June 30, 2011

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 \_\_\_\_\_