



**COMMUNITY COLLEGE
OF RHODE ISLAND**

**Student Employment Payroll Authorization Form
Academic Year 17-18
July 1, 2017 – May 12, 2018**

Student Information

CCRI ID# _____

Last Name _____ First Name _____ MI _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Department Supervisor

Department Name _____ Banner Org # _____

Supervisor's Name _____ Phone _____

Student's Position: Student Assistant Tutor Lifeguard Off-Campus/Community Service

Campus: Warwick Lincoln Providence Newport

Pay Rate: \$ _____ / hour Hours: _____ / week

New Hire Effective Date: _____

Rehire Effective Date: _____

Students may not begin working until they have completed all required forms and have returned them to Financial Aid for approval. Students may not work more than authorized hours per week. Students must maintain enrollment and maintain financial aid eligibility (Satisfactory Academic Progress) to continue student employment.

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

Supervisor's Signature _____ Date _____

Financial Aid Office ONLY

Funding Source: FCWS STUH Award \$ _____
Approved Denied

Banner Organization # _____ Position # _____

FA Signature _____ Date _____

Award Completed in Banner