# Federal Work Study Student Employment Authorization

Form to be Completed by the Hiring Department (Supervisor) for Federal Work Study. All appropriate fields must be complete or form will not be accepted.

## ACTION REQUESTED:

<table>
<thead>
<tr>
<th>Option</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehired to same or new Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step Increase*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Level Change*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding Source Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termination</td>
<td>Term Date</td>
<td>Last Day Worked</td>
</tr>
</tbody>
</table>

## PLEASE PRINT:

- **STUDENT'S NAME:**
  - FIRST: [Blank]
  - MIDDLE: [Blank]
  - LAST: [Blank]

- **STUDENT ID:**

- Please circle: Level I ($10.00/hr.) Level II ($10.50/hr.) Level III ($11.00/hr.) Level IV ($11.50/hr.)

- **DEPARTMENT NAME:**
- **DEPT. ID:**

- **SUPERVISOR’S NAME (Please Print):**

- **SUPERVISOR’S SIGNATURE:**
- **DATE:**

- **DEPARTMENT HEAD’S SIGNATURE:**
- **DATE:**

## NOTE:
This form will be returned to the Department/Supervisor once the HR Department Representative has signed confirming that the student has completed employment documents. At that point, the student may begin work.

1. Federal law requires that all employees complete their Employment Eligibility Verification form (I-9) Employees must also provide acceptable individual identification. A list of acceptable documents for the I-9 is available on the reverse side of the form.

2. International students must present an original visa, passport, and work authorization.

3. Permanent resident aliens must present a Permanent Resident Card.

4. Cal Maritime is required to verify each employee’s Social Security Number before employment begins. Employees must bring their Social Security card or proof of application for a Social Security number to the Human Resources Office in order to complete hiring documents.

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Financial Aid Representative Confirmation: ___________________________ Date: ______________

HR Representative Confirmation: ___________________________ Date: ______________

Copies to Department and Student Employee
**Emergency Contact Information**

(Person(s) to contact in an emergency.)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zipcode:</th>
</tr>
</thead>
</table>

Home Phone: (    )  

Cell Phone: (    )