



Bethany College

Summer 2021

Student Work Study Program

AUTHORIZATION FORM

Student Section
Last Name:
First Name:
Cell phone#:
Student ID#

Supervisor Section
Name of Department:
Supervisor Name:
Supervisor Phone#:
Back-up Web Time Supervisor:

Associate Vice President, Student Financial Services:

Bethany College Student Work Study Program, Financial Aid Office, Center for Enrollment

Approval Date: Signature:

A student is not cleared to begin a summer work study position until a fully executed Work Authorization Form, Release of Information Form and all requirements are met. It is the student's responsibility to return both forms to the Student Financial Services Office as soon as possible. Once forms are submitted and all requirements are met, an email will be sent to the student and supervisor clearing the student for summer employment.

Student Certification: I agree to accept employment in the department named above. I understand I will be expected to perform my duties in a responsible manner, to comply with the requirements of the job and the instructions of my supervisor. I also understand my employment is contingent upon satisfactory job performance, student in good academic, financial and conduct standing status. I understand I can be removed from my position and from the Student Work Study Program if I do not meet minimum standards. I understand as a summer student employee I will comply with all Bethany College student life and student employment guidelines and that Housing/Meals will not be provided. I will accurately record my work hours via Web Time Entry and will maintain a record of my earnings in order not to exceed my limit. I know I am considered required to work a minimum of 35 hours per week unless I get supervisor approval to work less hour. Failure to work required minimum hours will result in dismissal from employment and campus. I understand that I am required to complete FAFSA and all verification requirements to be eligible.

EXPECTED START DATE:

Student Signature

Date

Supervisor Certification: I agree to hire the named student under the conditions described above. I will supervise the work performed and will be responsible for approving the Student's Time via Web Time entry for the Student Payroll Office. I will also be responsible for managing the student using the Bethany College Student Employment Guidelines.

Supervisor Signature

Date