

NYITCOM STUDENT EMPLOYMENT AUTHORIZATION CONTRACT | 2015-16

Return this contract directly to your designated point administrator, who will work with the student to complete the W4 and I-9. All forms and copies of the student's Social Security card and photo ID will be forwarded to the Payroll Department. Payroll cannot process the contract without these forms. **Students are NOT permitted to work until this Student Employment Authorization Contract is complete, signed by both the student and supervisor, and then is signed, authorized, and stamped by a Student Employment Administrator or the NYITCOM Financial Aid Office**

STUDENT SECTION	REQUIRED INFO:					
	Last Name		First Name		Student ID	
	Social Security Number		Major/Program Osteopathic Medicine		Anticipated Graduation (month/year)	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student
	Street Address				<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student	
	City		State	ZIP code	Have you ever been employed on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell phone		NYIT E-mail (SE will only correspond to you via NYIT e-mail) _____@NYIT.EDU			
OPTIONAL INFO:						
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: ___/___/___		U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:				Permanent Resident: <input type="checkbox"/> YES <input type="checkbox"/> NO*		
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native		Type of Visa: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> H1		Exp. Date: ___/___/___		

SUPERVISOR SECTION	NOTE: SUPERVISOR WHO SIGNS THIS CONTRACT IS THE SUPERVISOR WHO HAS ACCESS TO THE APPROVAL OF TIMESHEET					
	Department Name			Dept. Building & Rm#		
	Supervisor Full Name			Extension	E-mail _____@NYIT.EDU	
	Secondary Supervisor			Ext.	E-mail _____@NYIT.EDU	
	NYIT Career Net Job Post Number			Campus: <input type="checkbox"/> Manhattan <input type="checkbox"/> Old Westbury		
	Hourly Rate	<input type="checkbox"/> \$9.50 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$11.00 <input type="checkbox"/> \$13.00 <input type="checkbox"/> Other: \$		Job Type: <input type="checkbox"/> Federal Work-Study <input type="checkbox"/> FWS-CS Internship <input type="checkbox"/> Student Aid <small>(FWS & FWS-CSI jobs end June 30, 2016) (Student Aid ends Aug 31)</small>		
Total Award	\$		Job Start Date			
			*Must be a Monday (Month) (Day) (Year)			

STUDENT SIGNATURE SECTION		SUPERVISOR SIGNATURE SECTION	
I certify that all information provided herein is true and complete, and I understand that any false statements or omission of information will be sufficient cause for rescinding the application or for termination of employment. I understand that the Student Employment position is an "at will" appointment, and I may be terminated at any time without cause. In addition NYITCOM FWS/CS participants will adhere to the Acrotime policy.		I agree to employ and supervise the above-named student. It is my sole responsibility as supervisor to monitor the student's hours and award amount to ensure the student does not exceed their allotment. I will ensure all timesheets are submitted on a weekly basis, and I fully understand that any exceeded amount will automatically be charged and paid out of my departmental operating budget by the Payroll and Budget Office, and denial of hiring student employees will be enacted for your department. In addition all NYITCOM supervisors will also adhere to the Acrotime policy as it pertains to FWS/CS	
Signature of Student:	Date	Signature of Supervisor:	Date

STUDENT EMPLOYMENT ONLY	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> DEPARTMENT TRANSFER <input type="checkbox"/> RATE CHANGE <input type="checkbox"/> INCREASE/DECREASE <input type="checkbox"/> OTHER				
	PAY RATE CHANGE		INCREASE/DECREASE OF AWARD		<i>Student Employment Authorization Stamp</i>
	CURRENT RATE	\$	CURRENT TOTAL AWARD	\$	
	NEW RATE	\$	INCREASE or DECREASE BY	\$	
	EFFECTIVE DATE		NEW TOTAL AWARD	\$	
			EFFECTIVE DATE		
Proper I.D. submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature of DPA					

