

WFCB Student Employment Authorization Form

Academic Year: _____ OR Summer Term: _____

Student Information

Name: _____	MaineStreet ID#: _____
Email: _____	Date of Birth: _____
Home Address: _____	
Are you an active University of Maine Student? _____	
If Non-UMaine, List School Attending: _____	

Supervisor Information

Faculty Supervisor Name: _____	Employee ID#: _____
Graduate Student Supervisor Name: _____	
Who will approve the student employee's hours worked each week?	
Faculty Supervisor <input type="radio"/>	Graduate Student Supervisor <input type="radio"/>
Does this student's position involve non-profit community service? _____	

Job Information

Job information can be found in the For Employer section of the Office of Student Employment's website

Start Date: _____	Position Type: Regular <input type="radio"/>	Work Study <input type="radio"/>	Free Match <input type="radio"/>
Job Title: _____			
Job Code: _____	Pay Step: _____	Rate of Pay: _____	
Chartfield Combination:			
_____ - 53300 - _____ - _____ - _____ - _____			
Department ID	Class	Fund	Program Project

It is the responsibility of the student employee and supervisor(s) to ensure all trainings are completed and proof of training completion has been submitted to Katherine Goodine before any job duties are performed. Failure to complete training or submit proof of completion within the first 30 days will result in termination.

Student Employee: _____ Date: _____
Signature

Faculty Supervisor: _____ Date: _____
Signature

Graduate Student Supervisor: _____ Date: _____
Signature