WFCB Student Employment Authorization Form

If the student is not an active UMaine student, see Molly for a different hiring form

STUDENT INFORMATION	
Name:	MaineStreet ID #:
Email:	

SUPERVISOR INFORMATION	
Faculty Name:	MaineStreet ID #:
Graduate Student Name:	MaineStreet ID #:
Who will verify the student's hours worked are accurate? ☐ Faculty ☐ Graduate Student	
Does this position involve non-profit community service? ☐ Yes ☐ No	

JOB INFORMATION	
Start Date:	End Date:
Position Type: ☐ Regular ☐ Work Study ☐ Work Study and Free Match	
Job Title:	
Job Code:	Pay Step and Rate of Pay:

Course Information for Student Instructor's Aide Positions

Semester:		Semester:	
Course Prefix:	Section(s)#:	Course Prefix:	Section(s)#:
Course Prefix:	Section(s)#:	Course Prefix:	Section(s)#:

Chartfield Combination

	53300				
Department	**Account**	**Class**	**Fund**	**Program**	**Project**

ACCOUNT PI SIGNATURE REQUIRED:

Molly will add	**Accounting ID:**

A second chartfield combination is required for all employees charged to Free Match. The second chartfield combination will be used when Free Match funds have run out.

	53300				
Department	**Account**	**Class**	**Fund**	**Program**	**Project**

ACCOUNT PI SIGNATURE REQUIRED:

Molly will add	**Accounting ID:**

ALL REQUIRED TRAINING MUST BE COMPLETED BEFORE ANY WORK BEGINS!

A certificate of completion for each training must be sent to Katherine Goodine. It is the responsibility of the supervisor(s) and employee to ensure all training is completed and certificates of completion have been sent to Katherine Goodine.

Student Employee: _____
<div align="center">Signature</div> <div align="right">Date</div>

Graduate Student Supervisor: _____
<div align="center">Signature</div> <div align="right">Date</div>

Faculty Supervisor: _____
No signature is needed if the faculty supervisor is also the account PI.   Date