

STUDENT EMPLOYMENT AUTHORIZATION

Wichita State University

TO BE CHECKED BY THE DEPARTMENT PRIOR TO EMPLOYMENT:

Request Date _____

International students require additional employment documentation. Follow established procedures.

TO BE COMPLETED BY EMPLOYING DEPARTMENT: (Please Type or Print)

Name _____ myWSU ID # _____
Last First Middle

Present Address _____ Phone # _____
Street City State Zip

US Citizen: Yes No Perm. Resident Type Visa: F-1 J-1 Visa # _____

Nation of Citizenship _____ Passport # _____

Organization Name _____ Extension # _____ Box # _____

Banner Organization Number(s) _____ Fund # _____

Check One: Regular Employment (1200 Acctj) Work-Study Employment (1210 Acct)

Hourly Rate of Pay \$ _____ Scheduled Hours per Week _____ Effective Date of Employment _____
 Grant End Date _____

Description of Work:

EMPLOYMENT APPROVALS:

 Budget Officer/Project Director (if Research) Date

 Dean of College (if Research) Date

 Chairperson (if Research) Date

 Research Administration (if Research) Date

TO BE COMPLETED BY THE OFFICES OF FINANCIAL OPERATIONS AND FINANCIAL AID:

Funding # _____

Organization #
(Banner Placement) _____

Account: RS (Acct 1200) WS (Acct 1210)

Position # _____

Funding Approved By _____
 Office of Financial Operations Date

Work Study Allocation \$ _____

Semester (Circle What Applies) **FL** **SP** **SU**

FY _____

Suffix # _____

 Office of Financial Aid Date

Student Must Hand Carry: Original and 1 copy with supporting documents to the Office of Human Resources.