

2021-2022 Authorization Form/Work Study Contract

NAME: (please print)		BSU STUDENT ID #:	
Please obtain the information below	from the award tab in e-Se	rvices. Should you hav	e any questions contact the BSU FAO.
Federal Work Study	MN State Work Study	America Reads	America Counts
Award Amount: Fall:	Spring:	то	DTAL :
Once the Payroll Office verifies this reprocessed. Do not use this form for r		quirements, the student	t employee authorization will be
It is your responsibility to seek your o https://www.bemidjistate.edu/mybsu.html			sted at:
the Payroll Office.			nd your assignment has been cleared by
the academic year, whicheve	er comes first.		amount of your award, or at the end of
semester.			and have a work study award for spring
you must cease employment	immediately.		d on financial or academic suspension,
	award authorized on your Av	•	is employment. e exceeded under any circumstance
unless revised by the BSU FirHourly wage is determined b \$12.50/hour.		Office using the campus	s-wide wage scale. Starting wage is:
			formance on any job you accept. You
I will comply with the terms of emplo work study employment at Bemidji St	-	ze failure to meet these	e terms may result in termination of my
Student Signature:		Date:	
	To Be Completed by E	Employee Supervisor	
	n from your Vice President.)	If you accept this stude	o accept a work study program student, ent for employment in your area, please t Office, Deputy Hall 202.
Employment Verification: All new stooriginal US Social Security Card or birt working. All items requested below a	th certificate. Students will b	oe required to sign state	e and federal documents prior to
Employing Department:			Routing ID: R
Maximum Department Earnings: \$_		(may not exceed an	nount on Award Notice)
Start Date:		End Date:	
Supervisor's Signature:		C	Date:
Supervisor's Name: (printed)		s	upervisor's Tech ID#: