



BEMIDJI
STATE UNIVERSITY

2025-2026 Authorization Form/Work Study Contract

NAME:	BSU STUDENT ID #:
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Please obtain the information below from the award tab in e-Services. Should you have any questions contact the BSU FAO.

<input type="checkbox"/> Federal Work Study	<input type="checkbox"/> MN State Work Study	<input type="checkbox"/> America Reads	<input type="checkbox"/> America Counts
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Award Amount: Fall: _____ **Spring :** _____ **TOTAL :** _____

Once the Payroll Office verifies this request meets compliance requirements, the student employee authorization will be processed. Do not use this form for regular payroll requests.

It is your responsibility to seek your own employment on campus. Instructions on how to search for jobs through Handshake are located at: <https://www.bemidjistate.edu/services/career/handshake/> .

You may not begin work study employment until the first day of the semester and your assignment has been cleared by the Payroll Office.

- Your work study employment ends when you have earned the maximum dollar amount of your award, or at the end of the academic year, whichever comes first.
- In order to work over semester break, you must be enrolled for spring semester and have a work study award for spring semester.
- If you should withdraw from school, be enrolled for less than 6 credits, be placed on financial or academic suspension, you must cease employment immediately.
- Your work hours may not exceed 20 hours per week between all areas of campus employment.
- The maximum employment award authorized on your Award Notice may not be exceeded under any circumstance unless revised by the BSU Financial Aid Office.
- Hourly wage is determined by the Student Employment Office using the campus-wide wage scale. Starting wage is: \$13.50/hour.
- You are always expected to give regular, punctual, efficient and cooperative performance on any job you accept. You must treat student and college records in a confidential manner.

I will comply with the terms of employment listed above and realize failure to meet these terms may result in termination of my work study employment at Bemidji State University.

Student Signature: _____ **Date:** _____

-----**To Be Completed by Employee Supervisor**-----

BSU Student Employee Supervisor: (Designated staff or faculty with hiring authority. To accept a work study program student, you must have a work study allocation from your Vice President.) If you accept this student for employment in your area, please complete this section. Instruct the student to bring this form to the Student Employment Office, Deputy Hall 202.

Employment Verification: All new student employees must present either a passport or a combination of a picture ID and an original US Social Security Card or birth certificate. Students will be required to sign state and federal documents prior to working. All items requested below are needed to place the student on the MnSCU student payroll system.

Employing Department: _____ **Routing ID:** R _____

Maximum Department Earnings: \$ _____ (may not exceed amount on Award Notice)

Start Date: _____ **End Date:** _____

Supervisor's Signature: _____ **Date:** _____

Supervisor's Name: (printed) _____ **Supervisor's Tech ID#:** _____