

# The College of William and Mary Student Employment Form

*Return Form To: Financial Aid Office, Blow Hall 218*

**PART I - TO BE COMPLETED BY THE STUDENT**

Note: You are limited to 20 hours per week during the school year.

Student ID Number (930-----) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Email Address \_\_\_\_\_ Permanent Address (For W2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Address (Where check is to be mailed) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: Male  Female  Date of Birth: \_\_\_\_\_ Local Telephone Number: \_\_\_\_\_

This section is voluntary and is used for statistical purposes only. Ethnic Code:  White (A)  Asian (D)  Black (B)  Am Indian (E)  Hispanic (C)

Are you currently employed with another department on campus? Yes  No  If yes, which department? \_\_\_\_\_

Applying for:  Federal Work Study (Awarded by Financial Aid)  Student Employment  International Student Employment ( Complete Part II)

**PART II – International Students MUST COMPLETE ALL boxes below**

Country	Visa Code	Visa Original Issue Date	Current Exp. Date	I-20 Auth. Expiration Date	Passport Exp. Date

**PART III - SELECTIVE SERVICE REGISTRATION (Males only)**

Note: You must be registered before beginning employment.

Are you required to apply for Selective Service? Yes  No  If "Yes", are you registered? Yes  No

**PART IV - TO BE COMPLETED BY AUTHORIZING DEPARTMENT**

New Hire  Re-Open  Rate Adjustment  Termination

Student Position # \_\_\_\_\_ Name of Department \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (If Known)

Banner Organization # \_\_\_\_\_ Banner Index # \_\_\_\_\_ Banner Account # \_\_\_\_\_

Rate Adjustment New Hourly Rate \$ \_\_\_\_\_ Old Hourly Rate: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

Reason for Rate Adjustment: \_\_\_\_\_

Termination Effective Date: \_\_\_\_\_

Reason for Termination (Check Appropriate Box):  Voluntary  Discharged  Study Abroad  No Longer Eligible  Other \_\_\_\_\_

**PART V- AUTHORIZING SIGNATURES**

Student's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Approver's ID #: 930 \_\_\_\_\_ Approver's Position #: \_\_\_\_\_

Approver's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid Office Use Only:**  
Processed by: \_\_\_\_\_

**I-9 Temporary Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_