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.

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

Applying for: □ Federal Work Study □ Student Employment □ International Student Employment (Complete Part II)

(Awarded by Financial Aid)

PART II – International Students MUST COMPLETE ALL boxes below

<table>
<thead>
<tr>
<th>Country</th>
<th>Visa Code</th>
<th>Visa Original Issue Date</th>
<th>Current Exp. Date</th>
<th>I-20 Auth. Expiration Date</th>
<th>Passport Exp. Date</th>
</tr>
</thead>
</table>

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: I-9 Temporary Date:______
Processed by: Date:

Revised 8/2008