

Do not return to the Financial Aid office

**Colorado School of Mines
Undergraduate Student
Employment Authorization and Contract**

CWID # FIRST NAME MIDDLE NAME LAST NAME BIRTHDATE

MINES EMAIL ADDRESS LOCAL ADDRESS (Street, City, Zip) LOCAL PHONE

First-time CSM student-employees must file new hire documentation with Human Resources BEFORE start date or the contract is null and void. Completed contract must be submitted to the CSM HR office.

FINANCIAL AID AWARD:

I understand that the authorized amount to be earned is the maximum gross amount that I may earn for the period indicated. Employment is accepted with the terms and conditions as contained herein.

STUDENT ELIGIBILITY:

This student is eligible to work for a MAXIMUM amount of \$_____ under the following program:

Index: 534203 Colorado Work Study – Need:

START DATE_____ TO May 11, 2018 \$ _____ PER HOUR
HOURS PER WEEK _____ FTE _____ (HOURS PER WEEK/40*100=FTE)

By signing this contract I understand that my allotment of work study funds will be shared between all work study jobs I acquire. Failure to monitor my funding properly may result in the use of department funds and therefore, possible termination of employment. I understand that I cannot work more than 20 hours a week when classes are in session.

STUDENT SIGNATURE _____ DATE _____

TO BE COMPLETED BY EMPLOYER:

DEPARTMENT: _____ TIME SHEET ORG# _____ JOB TITLE: _____

DESCRIPTION OF DUTIES: _____

RESEARCH? Please circle: Yes No

WEB TIME APPROVER: _____ CWID: _____ Position #: _____

Students and their employers are responsible for tracking a student's earnings. Departments with students that earn over their allotted amount will be charged. Time sheets that are turned in late will be charged to the department Index Code given below.

Please keep in mind a student may have more than one work study job and the allotted funds will be split between departments. Students may not work more than 20 hours a week when classes are in session; 40 hours a week over breaks. Go to finaid.mines.edu for more information.

Departmental Index Code to charge if an overage occurs _____ (Banner)

Supervisor's Signature Date Phone Fax

Department Head Phone Budget Office (required for Research Funding)

FOR OFFICE USE ONLY: POSITION NO: INPUT: DATE: REG: