Le Moyne College Student Work Authorization Form

| Supervisor Section - Please fully complete | | | | |
|---|--|---|---|---------------|
| Department | Accour | nt Number | | |
| Primary Supervisor | Phone | Phone | | |
| Student Job Title | (please | e circle) New H | ire / Rehire (for department) | |
| ☐ Summer Position (May to August) | Start Date Summer | | (MM,DD,YY) | |
| ☐ Academic Year (August to May) | Start Date Academic | | (MM,DD,YY) | |
| I authorize the hiring of the student below for en indicated and I have verified that funds are availar equired documentation. | able. I understand that the student v | vill not be paid ι | intil the Financial Aid and Payroll c | |
| Authorized Signature | | Date | | |
| Student Section – Please print clearly | | | | |
| Name | | | Male / Female (please circle) | |
| Home AddressStreet | | City | State ZIP | |
| Cell Number | Fmail : | address | | |
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