

STUDENT APPOINTMENT FORM

Student Worker Section

Student Name: _____ ID#: _____ Cell Phone #: _____
(Print Legibly)

- I have previously held a position with Ripon College.
- I am currently in a Summer working/researching job on campus. My last day with Summer hours will be/was: _____
- I have never been on Ripon College's Payroll.

I agree to be a responsible employee of Ripon College, bound by all the rules and regulations set forth by my supervisor and department. I understand that any false information given on my timesheets will result in disciplinary action and dismissal from the program. I agree to maintain the confidentiality of all information and understand that any disclosure of confidential information is grounds for immediate termination and/or disciplinary action.

Student Signature _____
Date

Supervisor of Student Worker Section

Students are restricted to a total of 20 hours/week between all jobs on campus.

	<u>PRIMARY JOB</u> (most frequently worked job)	<u>JOB 2</u>	<u>JOB 3</u>
Department Name			
Department Code			
Wage Rate			
Student's Job Title			
Name of Timecard Signer			
ID# of Timecard Signer			
Name of Supervisor (if different)			
Supervisor Signature			

Section to be Completed by Financial Aid

Campus Work Student Federal Work-Study Hourly Rate: \$ _____

FOR FWS USE ONLY: Total dollars awarded for the year: \$

FA – Authorization to Work Date FA – Entered by Date