Authorization Form to Hire a Pitzer Student Employee (Non-Work Study)  
(Non-Work Study Only)  
This form must be completed by the student and the supervisor and signed by the supervisor and the Area Vice President

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**Student Information** | To be Completed By Student

Name: ____________________________  
Preferred Name: ____________________

Student ID #: ________________________  
Mailbox Number: ________________________

Phone: ____________________________  
Student Email: ____________________________

Type of Hire:  
☐ New Hire (First Pitzer Job)  
☐ Re-Hire* (Additional Pitzer Job)

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**Position Information** | To be Completed By Supervisor

Position: ________________________________  
Department: ________________________________

Work Location: ________________________________  
Timesheet Approver: ________________________________

Start Date: ________________________________  
End Date: ________________________________

Hourly Rate: __________  
Hours Per Week*: __________  
Total Estimated Expenditure: __________

Cost Center: __________________  
Function: __________  
Fund: __________  
Spend: __________

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*Benefits Eligibility: Student Employees become eligible for medical insurance benefits only IF they work at least 30 hours per week in a 12 month Measurement Period as defined by the Affordable Health Care Act. If so, they are then eligible on the first of the month 60 days after said Measurement Period. The initial Measurement Period starts on the first of the month following the date of hire and runs for a period of 12 months. Thereafter the ongoing Measurement Period will be from October 4 to October 3.

*Re-Hires: Individuals rehired within 4 weeks of their previous termination date will resume benefits eligibility IF they were eligible at the time of their termination. If rehired later than 4 weeks but less than 26 weeks after their termination, they will resume benefits eligibility IF they were eligible at the time of their termination AND their period of employment was greater than the break in service.

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**Budget Expenditure Authorization** | To be Completed By Supervisor and Area Vice President

Supervisor: ________________________________  
Date: ________________________________

Area Vice President: ________________________________  
Date: ________________________________

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Submit Completed form to Human Resources for Processing

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FOR HR OFFICE USE ONLY

Processed By: ________________________________  
Initials: __________  
Date: __________  
Checked by Payroll: __________

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