

Authorization Form to Hire a Pitzer Student Employee (Work Study)

(Work Study Only for 2019-2020 Academic Year)

This form must be completed by the student and the supervisor.

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)

Work Study: Federal Work Study (FWS) Institutional Work Study (IWS)

FWS/IWS Allotment: \$ _____ **Student can locate allotment amount on the student portal by clicking on FinAid then selecting the Awards tab.**

Position Information | To be Completed By Supervisor

Job Posted on Handshake: Yes No Date Posted: _____

Position: _____ Department: _____

Work Location: _____ Timesheet Approver: _____

Start Date: _____ End Date: _____

2019-2020 Academic Year | Fall Semester: September 3, 19 to December 20, 19 | Spring Semester Dates: January 21, 20 – May 15, 20

Hourly Rate: **\$13.00** (as of January 1, 2020) Hours Per Week*: _____

Department Additional Amount | To be Completed By Supervisor

(For on campus Pitzer departments only. Complete if paying student additional amount from department funds)

Department Additional Amount: \$ _____ Total Hourly Rate: \$ _____

Cost Center: _____ Grant: _____ Project: _____

***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.

Supervisor Authorization

Supervisor (Print Name): _____

Supervisor Signature: _____ Date: _____

Submit Completed form to Human Resources for Processing

FOR HR OFFICE USE ONLY

Processed By: _____ Initials: _____ Date: _____ Checked by Payroll: _____