

**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*

**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)

**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: \_\_\_\_\_

**\*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.

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

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Area Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Completed form to Human Resources for Processing**

**FOR HR OFFICE USE ONLY**

Processed By: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Checked by Payroll: \_\_\_\_\_