

2018-2019 STUDENT APPOINTMENT FORM

STUDENT SECTION:

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

- I have previously held a position with Ripon College.
 However, I want to change how my earnings are handled so I have completed Payroll Deduction/Direct Deposit Form and attached it to this paperwork. (Reasons for changes: your bank or bank account changed, you want to stop contributing earnings to your Student Account, you want to start contributing to your Student Account).
- I have never worked for Ripon College.
 I have completed all of the required forms for a new-hire and have provided verification forms for Direct Deposit and the I-9 Form - all of which are attached to this Appointment Form.

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

ADMINISTRATIVE SECTION:

Financial Aid Office:

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

SUPERVISOR SECTION:

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

	<u>JOB 1</u>	<u>JOB 2</u>	<u>JOB 3</u>
Department Name			
Job Code			
Wage Rate			
Student's Job Title			
Duration of Job	<input type="checkbox"/> Academic Year <input type="checkbox"/> First Semester Only <input type="checkbox"/> Second Semester Only	<input type="checkbox"/> Academic Year <input type="checkbox"/> First Semester Only <input type="checkbox"/> Second Semester Only	<input type="checkbox"/> Academic Year <input type="checkbox"/> First Semester Only <input type="checkbox"/> Second Semester Only
Name of Timecard Signer			
ID# of Timecard Signer			
Name of Supervisor (if different)			
Supervisor Signature			