



Student Employment Authorization

Date: _____

Student name: _____

Catawba ID #: _____

Department: _____

Title/position: _____

Timecard approver: _____

Account (F-O-A-P): _____

Salary/hourly: \$ _____

Start date: _____ End date: _____

****Please have this form filled out entirely and signatures completed from the department before submitting it to Human Resources.**

****Please make sure hours have been approved/confirmed from Finance**

REQUESTED BY: _____ DATE _____

Department Head

NOTED BY: _____ DATE _____

Council Member (in charge of this department)

NOTED BY: _____ DATE _____

Vice President for Finance

APPROVED BY: _____ DATE _____

Director of Human Resources