

Student Employee Initial Setup/Change Form

TO BE COMPLETED BY SUPERVISOR (PLEASE SIGN BELOW)

Employee Status (circle one): New Employee Current Employee

Hire Date		Termination Date	
Student Name			
Student ID #		Pay Rate (Hourly)	
Position Title		Department Name	
Department Budget/Student Wages Account			
Project number to be charged if applicable			
If the student qualifies for Federal Work Study (FWS) a percent of their wages can be charged to the FWS budget (circle "No" if wages are not to be split, if nothing is circled, yes will be default)			Yes No
Supervisor's Name (please print)			
Alternate Supervisor's Name (please print)			
IMPORTANT NOTES TO SUPERVISORS: Student employees must inform you of other jobs they have on campus. Students that work more than 40 hours in one or more departments will be paid overtime pay. FWS eligibility may change. Student is responsible for providing an updated award notice if changes occur.			
Supervisor Signature		Date	

STUDENT CONTRACT PAYMENT SETUP (TO BE COMPLETED BY SUPERVISOR IF APPLICABLE)

Contract Amount		No. of Payments	
1 st Pay Date (Pay-dates can be verified using the Student Pay Dates Schedule)			
Supervisor Signature		Date	

TO BE COMPLETED BY STUDENT EMPLOYEE

Are you currently employed **full-time** by the State of South Carolina? (circle one): Yes No

Are you currently enrolled in **at least 6** hours at Francis Marion University? (circle one): Yes No

STUDENT STATEMENT & SIGNATURE (PLEASE READ BEFORE SIGNING):

I understand that I must notify the Office of Financial Assistance if I become enrolled in less than 6 hours during a semester. I understand that FICA will be deducted from my paycheck if I become enrolled in less than 6 hours. I understand that I may not work on campus if I am not a currently enrolled student at Francis Marion University. I understand that I am responsible for notifying my supervisor immediately if there is a change in my FWS eligibility.

Student Signature		Date	
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TO BE COMPLETED BY FINANCIAL ASSISTANCE OFFICE

Does the student qualify for FWS? (circle one) Yes No

Has the student completed appropriate form(s)? (circle form(s) completed by student) I-9 W-4

What is the student's enrollment status? (circle one) Full-time Part-time Summer

Enrolled # of hours _____

Financial Assistance Signature		Date	
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