

# CAMPUS EMPLOYMENT REQUEST AND AUTHORIZATION FORM

Department Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grad. Yr: \_\_\_\_\_

Holy Cross I.D.: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_

|   | REQUESTED | APPROVED |
|---|-----------|----------|
| Rate of Pay:  | _____     | _____    |
| Number of Hours/Week:   | _____     | _____    |
| Number of Work Weeks:   | _____     | _____    |
| Total Commitment Requested:<br>(Rate x Hours x No. of Work Weeks) | _____     | _____    |

Job Title: \_\_\_\_\_

Account #: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR HUMAN RESOURCES DEPT. USE ONLY

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W4: \_\_\_\_\_ I-9 \_\_\_\_\_ Entered by \_\_\_\_\_

**Before a student is employed, please verify with Human Resources, ext. 2354,  
that there is an I-9 form on file and a completed W-4 form is attached to this form.**

\*Job title and rate of pay must conform with titles and rates listed on Student Job Classification System.