



COLLEGE OF THE HOLY CROSS
Work Study Program
Student Payroll Authorization Form

To Be Completed by Student:

Student Name: _____

Tel. No.: _____ Grad. Yr.: _____

Dept.: _____ P.O. Box.: _____

Holy Cross I.D.: _____
(will not be processed if blank)

To Be Completed by Department:

Department Account No.: _____ Job Title*: _____

Hours Per Week: _____ Rate of Pay*: _____ Start Date: _____

Reason for Request: _____

Dept. Head Signature: _____ Date Submitted: _____

To Be Completed by Human Resources:

I-9 on file _____ Work-Study Approved _____ Processed by _____

Before a student is employed, please verify with Human Resources, ext. 2354, that there is an I-9 form on file.

* Job Title and Rate of Pay must conform with titles and rates listed on Student Job Classification System.

NOTE: This form is to be used only for students authorized for the College Work Study Program.