

STUDENT EMPLOYMENT AUTHORIZATION FORM

Hiring Priority Must be Given to Federal & International Work Study Recipients

Instructions: This form is required to be completed by the hiring supervisor prior to employing student workers in his/her department during the academic year. If this is a new position, you will need to submit the new position description to the Office of Human Resources for approval and wage assignment.

STUDENTS ARE NOT ELIGIBLE TO WORK UNTIL THEIR PAYROLL FORMS ARE COMPLETED.

As required by law, the Form I-9 and federal tax withholding form W-4 must be completed by ALL students on or before their first day of work.

Please complete the information below and send to the Office of Human Resources. The Office of Human Resources will then notify you as to the student's eligibility to begin working.

Semester / Year _____ Is this student a new hire in your dept.? _____

Student's Name: _____ Student ID#: _____

___Federal Work Study Eligible___ International Student Work Study Eligible

Job Title: _____ Hourly Rate: _____

Dept. Name: _____ Building/Location _____

PS Account # _____ PS Fund# _____ PS Dept # _____ PS Program# _____

of Hours per Week: _____ Start Date: _____ End Date: _____

Supervisor Name: _____
Please Print

Supervisor Signature: _____

Date

To be completed by Human Resources:

This action request is approved.

HR Representative _____ Date

Payroll: I-9 _____ W-4 _____ Hourly Pay Rate _____ Wage Rate Notification _____



Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees

1. Employer Information

Name: Hobart & William Smith Colleges

Doing Business As (DBA) Name(s):

Hobart & William Smith Colleges

FEIN (optional): 16-0743040

Physical Address:

300 Pulteney St.,
Geneva, NY 14456

Mailing Address:
300 Pulteney St.
Geneva, NY 14456

Phone: 315-781-3312

2. Notice given:

☒ At hiring

3. Employee's rate of pay:

\$_____ per hour

4. Allowances taken:

None

Tips _____
Meals _____ per meal
Lodging _____
Other _____

5. Regular Payday: Friday

6. Pay is:

Weekly _____
Bi-weekly _____
Other _____

7. Overtime Pay Rate:

\$_____ per hour (This must be at least 1
1/2 times the worker's regular rate with few
exceptions.)

Regular Hourly Pay Rate	Overtime Hourly Pay Rate
\$9.00	\$13.50
\$9.75	\$14.63
\$10.00	\$15.00

8. Employee Acknowledgement:

On this day I have been notified of my pay rate,
overtime rate (if eligible, allowances, and
designated pay day on the date given below. I
told my employer what my primary language is.

Check one:

☐ I have been given this pay notice in
English because it is my primary language.

☐ My primary language is _____. I
have been given this pay notice in English only,
because the Department of Labor does not yet
offer a pay notice form in my primary language.

Print Employee Name

Employee Signature

Date

Preparer's Name and Title

The employee must receive a signed copy of
this form. The employer must keep the original
for 6 years.