

Financial Assistance

Clark University

finaid@clarku.edu

UNDERGRADUATE WORK AUTHORIZATION

Phone 793-7783

2009-2010

Fax 793-8802

Section I. To be completed by the **student**:

Student Name: _____ Clark ID# _____

Box #: _____ Local Phone #: _____

Student Signature

Date

Student signature above indicates student acknowledges s/he has read and understands the Student Employment Handbook.

SECTION II. To be completed by the hiring **supervisor**:

Supervisor's Name

Extension #

I understand that by signing this form I agree to hire the above named student for the position of: _____ in the _____ department.

Index # to be charged: _____ Code: _____ Rate of pay _____

_____ To be paid from **NON-WORK STUDY** account **6053**.

Authorized Supervisor's Signature

Date

Section III. To be completed by the Office of Financial Assistance:

The above named student is authorized to work from
August 31, 2009 to May 23, 2010.

Last day for Seniors to work: May 3, 2010

Office of Financial Assistance Signature

Date

Office of Budgets and Planning, if applicable

Date