

GRADUATE

CLARK UNIVERSITY

Work Authorization

NON WORK-STUDY

Section I. To be completed by the student:

Student Name: _____

SS #: _____ Local Phone #: _____

Local Address/Box #: _____
No. Street City State Zip

Permanent Address: _____
No. Street City State Zip

Student's Signature _____ Date _____

Section II. To be completed by the Hiring Supervisor:

Supervisor's Name: _____
(Please Print) Extension # _____

I understand that by signing this form I agree to hire the above named student for the position of

_____ in the _____ department.
Job Title Department Name

The student's employment is expected to run from _____ to _____
mm/dd/yr mm/dd/yr

The payrate is \$ _____ per hour a total of \$ _____

Index # to be charged: _____ Account Code: 6056 Hourly Other
6055 Hourly Research Asst.

Authorized Supervisor's Signature _____ Date _____

Section III. Accounting Dept.

I-9 Form Completed: _____ W-4 Form Completed: _____
mm/dd/yr mm/dd/yr

Remarks: _____

_____ Date _____