



STUDENT FINANCIAL AID

650 East Parkway South
 Memphis, TN 38104
 Main: (901) 321-3305
 Fax: (901) 321-3227
 Email: finaid@cbu.edu

Student First Name: _____ Student Last Name: _____

Student ID: 899 _____ Student Email: _____@cbu.edu

EACH STEP MUST BE COMPLETED PRIOR TO WORK		CHECK
1.	Verify funding source with Financial Aid. ___ IWS ___ FWS	
2.	Supervisor needs to provide the following information about the student's employment: Supervisor's Name: _____ Student Position: _____ Indicate Hourly Pay Rate: ___ Level 1 Intern Position approved by Career Services ___ Level 2 _____ Date ___ / ___ / ___ \$ _____ per hour Hire Date: ___ / ___ / ___ Start Date: ___ / ___ / ___ *Cannot start until I-9 approved by HR (See step 3 below) Department: _____ 3-Digit Organization Code to be charged: _____	
3.	Complete I-9 & W-4 Forms in Human Resources located in Thomas Center 115. HR signature verifying I-9 was completed : _____ Date: ___ / ___ / ___	
4.	This original completed form (along with the Student Responsibility of Employment Agreement) MUST be turned in to hiring supervisor before working.	
5.	Please understand that the last day of employment is the last day of the current academic calendar and a new checklist must be completed each academic year.	

I commit to working for the above department and agree to provide ample notice should I choose to resign or work for another department on campus.

Student Signature _____