Student Financial Aid
650 East Parkway South
Memphis, Tennessee 38104
(901) 321-3305 • Fax (901) 321-3227
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 Amount $_____ ***Hours worked cannot exceed total amount awarded.**	
2.	Supervisor needs to provide the following information about the student's employment: Supervisor's Name: _____ Student Position: _____ Indicate Hourly Pay Rate: Level 1 _____ Level 2 $ _____ per hour Level 3 $ _____ per hour Intern Position approved by Career Services Career Services Approval Signature _____ Hire Date: _____ / _____ / _____ 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: ____/ ____/____ Start Date: ____/ ____/____ ***Cannot start until I-9 approved by HR (See step 3 below)** Department: _____	
4.	Return completed form to Financial Aid Office, Buckman Hall Room 27, for submission to payroll.	
5.	This original completed form (along with the Student Responsibility of Employment Agreement) MUST be turned in to hiring supervisor before working.	
6.	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 _____ Date: _____/_____/_____