

650 East Parkway South Memphis, Tennessee 38104 (901) 321-3305 • Fax (901) 321-3227 **finaid@cbu.edu**

Stuc	dent First Name: Student Last Name:	
Stuc	dent ID: 899@cbu.edu	
Last	t 4 digits of SSN:	
	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: Supervisor's Signature	-
	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: / / Account/Org/Fund 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.	
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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: _____/____/_____