

STUDENT WORKER REQUEST/CERTIFICATION UNDER INSTITUTIONAL (REGULAR) FUNDS
 (The Student Worker must be certified before beginning employment.)

Please *type or print* in ink.

		<i>Department Code</i>				<i>Fund Number</i>			
		1 2 4 1							

Department Name

Name of Student Worker Requested:

(Last)

(First)

(Middle)

Hourly Pay Rate: \$ _____ **Date to be Employed:** _____

Supervisor's Name

Supervisor's Office Phone Number

Supervisor's Email Address

Department Campus Box Number

Signature of Department Head

Date

THIS SECTION MUST BE COMPLETED BY THE STUDENT ASSIGNED ABOVE.

Name:	CWID#	U.S. Citizen
(Last) (First) (Middle)	(Must Be Shown)	YES <input type="checkbox"/> NO* <input type="checkbox"/>
-	-	

Address: _____ (City) _____ (State) _____ (Zip)
 (Street or P.O. Box)

Local Phone Number:	Cell Phone Number:
----------------------------	---------------------------

I understand that I must be at least a **half time student** to be eligible for student employment. I accept this employment, and I certify that I am at least a half time student. I understand that I must cease working if I drop below half time. I certify that I have only **one job** on campus. I understand that this is a Regular Funds Certification and that I am not to work more than an average of 20 hours per week, unless pre-approved by the Financial Aid Office in writing. I understand I am not allowed to work during a **scheduled class time**. I understand I must maintain at least a **2.0 cumulative GPA** in order to work on campus. I have read the Family Educational Rights Privacy Act on the reverse side and agree to keep all students' information confidential.

 Student's Signature

 Date

* If you answered **No**, you will need to complete a Foreign National Data Collection Form. (See the Student Employment Coordinator for the form). Please bring your I-94 Form (Arrival and Departure Record), Passport, U.S. Visa, and either your I-20, DS-2019, or I-797 Notice of Approval (or Action) Form, I-94 and Social Security card to the Financial Aid Office (Keeny Hall 240). Please bring the originals.

STUDENT MUST COMPLETE THE WITHHOLDING FORMS AND THE I-9 AND RETURN THEM WITH THIS REQUEST FORM TO THE FINANCIAL AID OFFICE. Also, please attach a copy of the student's class schedule to the certification form. Social Security Number must be shown on the W-4, L-4, and I-9 Forms.

FAMILY EDUCATIONAL RIGHTS PRIVACY ACT

The following statement is issued in compliance with the Family Educational Rights Privacy Act of 1974:

Louisiana Tech University has the responsibility for effectively supervising any access to and/or release of official information about its students. Certain items of information about individual students are fundamental to the education process and must be recorded. This recorded information concerning students must be used only for clearly-defined purposes, must be safeguarded and controlled to avoid violations of personal privacy, and must be appropriately disposed of when the justification for its collections and retention no longer exists. In this regard, Louisiana Tech University is committed to protecting to the maximum extent possible the right of privacy of all the individuals about whom it holds information, records, and files. Access to and release of such records is restricted to the student concerned, to others with the student's written consent, to officials within the school, to a court of competent jurisdiction, and otherwise pursuant to law.

Louisiana Tech University, a member of the University of Louisiana System, is an equal opportunity/affirmative action employer. The student must be able to show acceptable documentation establishing the right to accept employment in the United States of America. Minorities, women and persons with disabilities are encouraged to apply.