



HOUSATONIC COMMUNITY COLLEGE STUDENT ASSISTANT AUTHORIZATION FORM

I. TO BE COMPLETED BY STUDENT

Name: _____ Banner ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please Check One: New Student Assistant at HCC Returning Student Assistant at HCC
If returning, enter employee # _____

I understand that pre-employment background checks will be required as part of the hiring process. I certify that the statements made by me on this application are true and complete to the best of my knowledge and are in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations.

Student Signature: _____ Date: _____

II. TO BE COMPLETED BY FINANCIAL AID DIRECTOR OR DESIGNEE

Is this student eligible for Work-Study Funds?

Yes (student can be awarded Federal Work Study or HCC Work Study)* \$ _____

**This is an ESTIMATE amount of work study funds the student may be awarded.*

No (student cannot be awarded Federal Work-Study or HCC Work Study at this time)

Financial Aid Director (or Designee) Signature: _____ Date: _____

III. TO BE COMPLETED BY SUPERVISOR AND DEAN/PRESIDENT

Student Job Title: _____ Department: _____

Maximum Hours Per Week**: _____ Supervisor Name: _____

***Cannot exceed 20 hours.*

Requested Start Date***: _____ Requested End Date: _____

****This form must be completed and submitted to the Payroll Office ten (10) working days before start date*

Please select Federal Work-Study if student is eligible in Part II.

Funding Source (choose one): Work-Study Funds HCC Institutional Student Labor Funds

Other _____

Division (choose one):

President Academic Dean Dean of Admin/IE Dean of Students

The student, supervisor, and Dean/President will receive a confirmation email from the Payroll Office when all documents are complete and processed. The student cannot begin working prior to the start date listed in that email.

Supervisor Signature: _____ Date: _____

Dean/President Signature: _____ Date: _____

IV. TO BE COMPLETED BY PAYROLL OFFICE

Approved Start Date: _____ Approved End Date: _____

Payroll Office Signature: _____ Date: _____