



**COMMUNITY COLLEGE  
OF RHODE ISLAND**

**Student Employment Payroll Authorization Form  
Academic Year 18-19  
July 1, 2018 – May 11, 2019**

**Student Information**

CCRI ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Department Supervisor**

Department Name \_\_\_\_\_ Banner Org # \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's Position: Student Assistant Tutor Lifeguard Off-Campus/Community Service

Campus: Warwick Lincoln Providence Newport

Pay Rate: \$ \_\_\_\_\_ / hour Hours: \_\_\_\_\_ / week

New Hire Effective Date: \_\_\_\_\_

Rehire Effective Date: \_\_\_\_\_

Students may not begin working until they have completed all required forms and have returned them to Financial Aid for approval. Students may not work more than authorized hours per week. Students must maintain enrollment and maintain financial aid eligibility (Satisfactory Academic Progress) to continue student employment.

I certify that I will monitor student's hours per week, not to exceed the Federal Work Study and/or Student Help Allocation per week:

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Aid Office ONLY**

Funding Source: FCWS STUH Award \$ \_\_\_\_\_  
Approved Denied

Banner Organization # \_\_\_\_\_ Position # \_\_\_\_\_

FA Signature \_\_\_\_\_ Date \_\_\_\_\_

Award Completed in Banner