

MONTANA TECH STUDENT EMPLOYMENT CERTIFICATION

This form expires on the last day of spring semester. Renewal is required for summer and fall employment annually.

Student Name	Last	First	Middle	Student ID Number
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STUDENT EMPLOYEE WORK STUDY AWARD INFORMATION

Have you been awarded Work Study? Yes No If yes, will you use it for this position? Yes No

Have you been awarded a GTA? Yes No If yes, Employing Department _____

STUDENT INFORMATION (To Be Completed By Student)

Permanent Mailing Address _____
(For mailing W2s) Street City State Zip

Telephone Number _____ Email Address: _____

Birth Date: ____/____/____ Male Female Are you a US Citizen? Yes No If no, what country are you from? _____

Previously employed at Montana Tech? **No** (complete entire Student Employment Hire Packet)

Yes (complete Student Employment Certification Form only) Month/Year of last employment _____

Currently working at Montana Tech? Yes No Department(s): _____
(Note: Total hours per week cannot exceed 20. See policy online for details.)

Year in School:

COT 1st yr COT 2nd yr FR

SO JR SR Post Bacc Grad

Student Signature _____

Date _____

EMPLOYMENT INFORMATION (To Be Completed By Employer)

Please complete this section to insure proper wage rate and department/project is charged.

Employing Dept. _____

Job Title _____

Hourly Wage (at least minimum wage) \$ _____

Stipend* \$ _____ Monthly Semester

Hours worked (20/wk max) must be recorded on all time cards!

*See Job Classification & Wage guidelines online for restrictions.

For this position, employee is New Returning Expected Employment Period From ____/____/____ To ____/____/____
M/D/Y M/D/Y

Approximate hrs/week _____ Send time cards to: _____ **Charge to Depart./Project #** _____
(If left blank, will go to the employer) (Required for all jobs, including work-study.)

Job Description (If left BLANK, form will be RETURNED to the Employer for completion, which could result in a delay of pay.)

(Justification REQUIRED if wage is above entry rate, attach to form) Will this employee have access to student information? Yes No

Employer Name & Email Address _____ (please print)

Employer Signature _____ Date _____

FOR OFFICE USE ONLY:

WS/GTA Award accepted? Yes No Amount \$ _____ More than one WS job? Yes No

Job Classification _____ Awarded Terms: Fall _____ Spring _____ Summer _____

1225 (NWS) 1226 (FWS) 1226(SFWS) 1228(SWS) 1228 (SSWS) 1126 GTA (BGA011) 1127 GRA (other dept.)