

## Rehiring Student Employees

The Student Employment Authorization Form is now a dynamic form and can be completed electronically making the rehire process seamless.

### Hiring Managers

If rehiring student employees that have not had a break in service (break in service means less than 12 months), complete the Student Employment Authorization Form that can be found on the Human Resources & Payroll Services website under forms: [Student Employment Authorization Form](#)

You may be asked to sign in, please use your @fitchburgstate.edu email address and password.



Sign in

Sign in

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The hiring manager or department representative initiates the Student Employment Authorization form (when you click on the link it brings you to the form). The hiring manager completes their section and signs at the bottom. You will need to know the following information in order to fill out the form:

- The students @student.fitchburgstate.edu email address
- Title of the Position
- A job description that can be uploaded
- Department
- Begin and End Dates
- Maximum Hours per week
- Rate of Pay
- Fiscal Year
- FOAPAL
- Who will be approving time for the student in SSTA

Before you begin, please make sure to reach out to the student to see if they have a Federal Work Study Award. Please advise them to login to their My Falcon where they can look in the Financial Aid Tab to see if they have a Federal Work Study award for the academic year. This will help you decide what to enter as the correct FOAPAL on the form and so that you can track your departments Federal Work Study budget.



## STUDENT EMPLOYMENT AUTHORIZATION

To be completed prior to employment for all student workers

Form is started by Supervisor and emailed to the Student, Financial Aid and then Payroll.

### Student Employee General Information (completed by student)

Attention: Your LEGAL NAME (which appears on your government issued ID) should appear below, please edit if necessary.

Last Name:  First Name:  Middle Name:   
Call Phone:  Last 4 of SS#: XXX-XX-  Student ID#: @   
Employee ID#:

Preferred Full Name (if different from Legal name):

FSU Email:

Permanent Address (Do not use FSU PO Box or Address):

Street Number & Name:  City/Town:  State:  Zip:

Ethnic Group:

- American Indian or Alaskan Native     Asian     Black or African American     Hispanic/Latino  
 Native Hawaiian or Other Pacific Islander     White     Other

Current FSU Student Term: \* -- Please Select --

Have you previously been (or are you currently) a student worker or Federal Work Study student? \* -- Please Select --

### Position and Funding Information (completed by supervisor)

Student's FSU Email Address:

Title of Position:  Hire Type?: \* -- Please Select --

Description of Duties (attach job description below):

Job Description if FWS should be uploaded here:  No file chosen

Files over 25 MB will not be accepted

Department:  Beginning Date:  Ending Date:

Maximum Hours / Week:  Hourly Rate of Pay:

Fiscal Year:  FOAPAL:

Funding: \* -- Please Select -- FWS Amount: \$

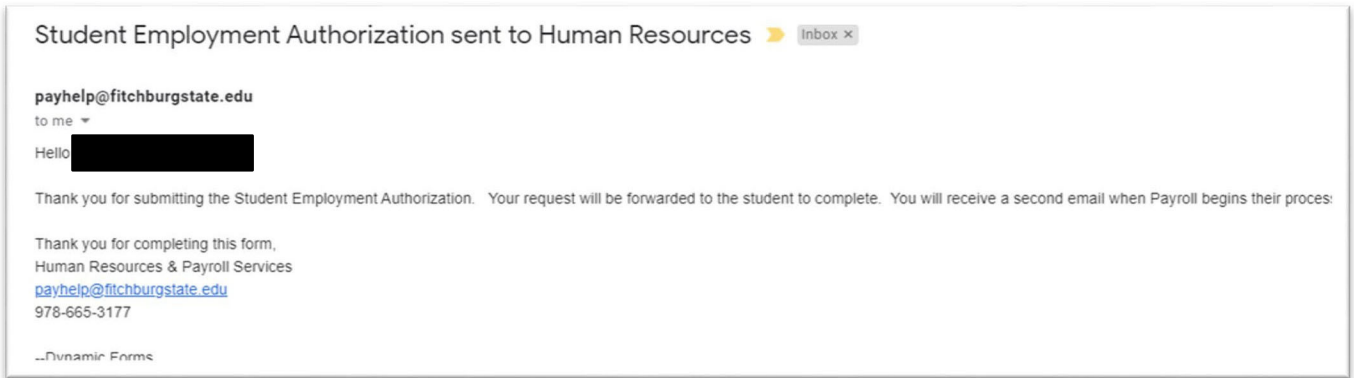
New FOAPAL required?: \* -- Please Select --

SSTA Approver:

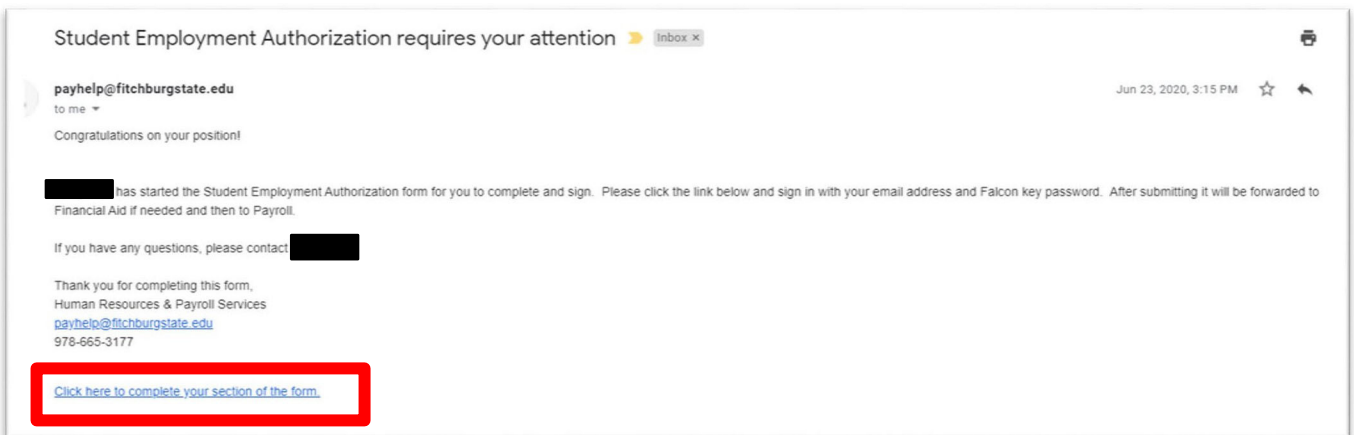
Once the Position and Funding Information is completed, please sign at the bottom. When you click submit, the form will be sent to the students email you entered for them to complete their section. Best practice would be to let the student know to look for an email to complete Student Employment Authorization. They should complete as soon as possible to prevent any delays in processing the form.

Student Signature:	Date:	Financial Aid Approver Signature:	Date:
<div style="border: 2px solid red; padding: 5px;"> <p>(click to sign)</p> </div>			
Supervisor/Department Head Signature	Date	Payroll Signature:	Date
Supervisor's Name:			

After submitting the Student Employment Authorization form, you will receive the following email:



The Student Employee will receive the email below to complete the Student Employment Authorization. They will click on the link below the signature line to access the form.



The Student Employee will fill in the Student Employee General Information section.



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Last Name: \*  First Name: \*  Middle Name:   
Cell Phone:  Last 4 of SS#: XXX-XX-  Student ID#: @   
Employee ID#:

Preferred Full Name (if different from Legal name):   
FSU Email: \*

Permanent Address (Do not use FSU PO Box or Address):  
Street Number & Name: \*  City/Town: \*  State: \*  Zip: \*

Ethnic Group:  
 American Indian or Alaskan Native  Asian  Black or African American  Hispanic/Latino  
 Native Hawaiian or Other Pacific Islander  White  Other

Current FSU Student Term: \*

Have you previously been (or are you currently) a student worker or Federal Work Study student? \*

After completing their section of the form, they will scroll down to read the Terms and Conditions and sign the form, then click “Submit Form”.

### Terms & Conditions

This completed form must be submitted, by the hiring department, to the Payroll Office PRIOR to beginning employment. However, this form does not authorize actual payment. A “Student Employment Authorization” must be completed for each position on campus through May. A new “Student Employment Authorization” is required for summer employment or when/if transferring a student from FWS to Trust or Trust to FWS.

- Federal Work Study—Supervisors are responsible to monitor student’s earning to ensure that they do not exceed the award amount. Please review the FWS Supervisor Manual when hiring FWS Students.
- Office of International Education must be notified when hiring international students.

All new student employees must complete a W-4 (Federal Tax Withholding Allowance), an I-9 (Employment Eligibility Verification Form) with the appropriate documentation, a M4 (Massachusetts Tax Withholding Form), and a Direct Deposit Authorization Form with Disclaimer. Students cannot work prior to properly completing these forms.

Students are authorized to work a maximum of 20 hours each week while school is in session and a maximum of 40 hours (no more than 8 hours daily), per week during semester and summer breaks. **Students are not permitted to work during scheduled class times.**

Please note, student employment does not qualify for unemployment compensation.

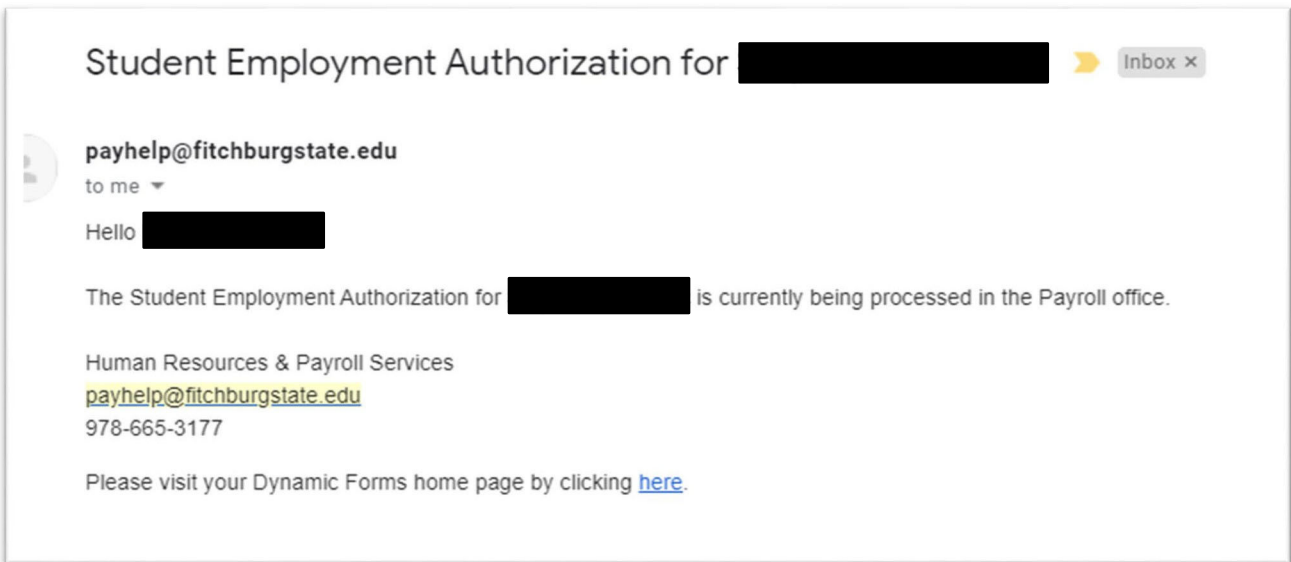
\*

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_ Financial Aid Approver Signature: \_\_\_\_\_ Date \_\_\_\_\_

SUBMIT FORM

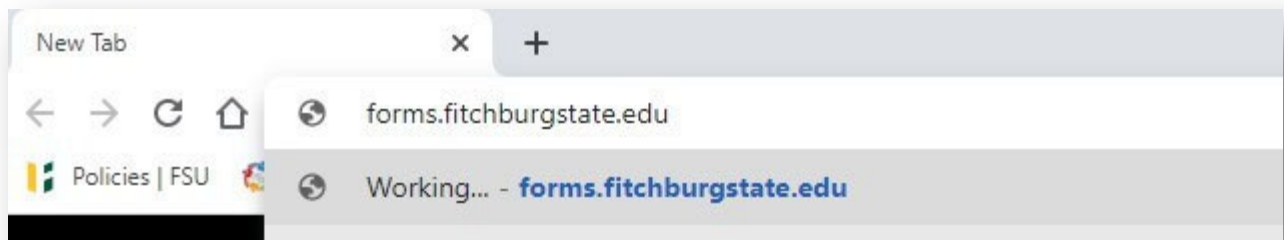
Once the student completes their section and submits the form it will be sent to Financial Aid. Financial Aid will populate the FWS Amount field and sign at the bottom of the form indicating whether they have an award or not.

At this stage, all signatures are complete and the hiring supervisor will receive an email that the form has been submitted to Payroll for processing:

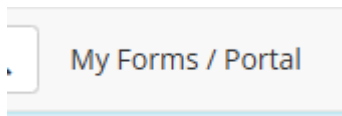


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*If at any point, you would like to check on the status of a form that you submitted you could log into dynamic forms by typing **forms.fitchburgstate.edu** into an open google chrome tab.*



*In the top right hand corner, click on My Forms then you would choose Pending/Draft Forms*



Here you will see a list of your pending and draft forms. If you want to look at what has been already filled in you can click on the PDF or HTML links to see the form in its current state.

Date	PDF	HTML	Action
Last Saved: 7/28/2020 2:37:50 PM			Complete Form
Signature Request Date: 8/19/2020 10:18:30 AM			Complete Form
Signature Request Date: 7/15/2020 4:08:50 PM			Complete Form
Signature Request Date: 8/19/2020 10:18:30 AM			Manage Co-Signers

If you need to re-send the email, you can click on Manage Co-Signers.


A new window will pop up where you can edit/change your co-signers information by clicking on the pencil icon under Edit. Say you put the wrong email address you can update it or you directed it to someone that is on vacation, you can send it to a different approver here.

If you would like to re-send the email, just click the re-send Email link on the right.

## Co-Signer Information

\* Click the pencil icon on the left to edit/change your co-signer(s) information

\* Click the Re-send E-mail link to re-send an e-mail to your designated co-signer(s)

Edit	First Name	Last Name	Relationship	Email	Last Email Sent	
	TEST		Employee	slebla27@fitchburgstate.edu	8/19/2020 10:18:30 AM	<a href="#">Re-send Email</a>

Close Window

*If you need assistance, please contact us:*

Payroll Services

[Payhelp@fitchburgstate.edu](mailto:Payhelp@fitchburgstate.edu)

978-665-3177

978-665-3720 Fax

Human Resources

[humanresources@fitchburgstate.edu](mailto:humanresources@fitchburgstate.edu)

978-665-3172

978-665-3720 Fax