SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

Student Employment 2221 Rendleman Hall Campus Box 1030 Edwardsville, IL 62026-1030 Phone: (618) 650-2563 Fax: (618) 650-2566

Email: stuemp@siue.edu
Homepage: www.siue.edy/studentemployment

Payroll Authorization Form

STUDENT INFORMATION

Student Name:	ent Name: Univ. ID#				
lob Title:	Hourly Rate:Est. Hours Per Week:				
art Date:Est. Hours Per Week:					
	EMPLOYER	INFORMATIC	<u> </u>		
Department:	C	Contact Name:			
Budget/Fund Account:	C	ontact Phone:			
Organization/DDU#:	(Contact Email:			
Supervisor:	9	Supervisor Em	ail:		
Employer Signature Date of Signature					
	STUDENT EMPL	OYMENT USE	<u>ONLY</u>		
Hold Credit H	ours Fina	ancially Clear	MA Address	3	
Citizen	Class SEC	CA FW	S SAP		
Approved Denied					
Student Employment Authorization		Date			
CLASS SUF	FIX PC	OSITION #	WAGE	EFFECTIVE DATE	