

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 the 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 **If no, complete the entire Student Employment Hire Packet**
☐ Yes If yes, complete the Student Employment Certification Form only Month/Year of last employment _____
 Currently working at Montana Tech? ☐ Yes ☐ No Department (s) _____
 Year in School: ☐ HC 1st YR ☐ HC 2nd YR ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Post Bacc ☐ Grad
Note: Total hours worked can not exceed 20 hours per week.*
 Student Signature _____ Date _____ ***See policy on line for details**

EMPLOYMENT INFORMATION (To Be Completed By Employer*) *one for each job classification held by student

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

Employing Dept. _____ **Job Title:** _____
Hourly Wage: (must be at least minimum wage) \$ _____ **Stipend* \$** _____ ☐ Monthly ☐ Semester
 Justification is Required if wage is above entry rate, attach to this form. ***See Job Classification & Wage guidelines online for restrictions.**
 For this position, employee is: ☐ New ☐ Returning **Expected Employment Period From: _____ to _____**
 Approximate hrs/week _____ **Hours worked (20 hrs per week max) must be recorded on all time cards!**
Charge to Dept./Project #: _____ (Charge # is required for all jobs, including work study)
 Student is registered _____ Credits* Send time cards to: _____ (if left blank, will go to employer)
***Before beginning work, student employee must be registered full-time for the current semester, for summer work, student must be full-time for summer or fall.**
JOB DESCRIPTION: *(if left Blank, form will be returned to the Employer for completion , which could result in a delay of pay .)*
 Will this employee have access to student information? ☐ Yes ☐ No

Employer Name	Employer Email Address	Employer Signature	Date
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FOR OFFICE USE ONLY: WS/GTA Award accepted? ☐ Yes ☐ No Amount: \$ _____
 Job Classification: _____ Awarded Terms: ☐ Fall ☐ Spring ☐ Summer More than one WS job? ☐ Yes ☐ No
☐ 1225(NWS) ☐ 1226(FSW) ☐ 1226(SFWS) ☐ 1228(SWS) ☐ 1228(SSWS) ☐ 1126 GTA(BGA011) ☐ 1127 GRA (other dept.)

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