

MONTANA TECH STUDENT EMPLOYMENT CERTIFICATION

Renewal is required for summer and fall employment annually.

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

Have you been awarded work-study funding? Yes ☐ No ☐ Unsure ☐ If yes, will you use it for this position? Yes ☐ No ☐
NOTE: Work-study may only be used for one position.

Have you been awarded a GTA or GRA? Yes ☐ No ☐ If yes, employing department _____

STUDENT INFORMATION (To Be Completed By Student)

Permanent Mailing Address _____
Street Number and Name 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 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:

Highlands 1st yr ☐ Highlands 2nd yr ☐ FR ☐
SO ☐ JR ☐ SR ☐ Post Bacc ☐ Grad ☐ Student Signature _____ Date _____

EMPLOYMENT INFORMATION (To Be Completed By Employer)

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 # _____
Student is registered, _____ credits* (If left blank, will go to the employer) (Required for all jobs, including work-study.)
*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.)

(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 Award accepted? Yes ☐ No ☐ Amount \$ _____

Job Classification _____ Awarded Terms: Fall _____ Spring _____

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

WC: Low ☐ High ☐ Semester Credits: Fall _____ Spring _____ Summer _____