



SOUTHERN CONNECTICUT STATE UNIVERSITY
STUDENT STIPEND FORM



Section I. Job Information (To be completed by Student)

Student's Name: Student ID: Employee I.D.

Home Address

City State Zip Code

Home Telephone # Campus Phone #

Have you ever been employed by another CSU institution or by a State Agency:
If Yes, where? Last day worked:
Date of birth:
What is your citizenship?
What is your ethnicity?
What is your gender?

Section II. Dates of Employment (To be completed by Supervisor)

Please check the appropriate funding amount and source for the above student:

- This student will be paid a stipend of \$
This student will be funded by a grant-\$ (amount of the stipend for the term of the grant)
Grant name & Org #

Department

Supervisor Ext

*Please provide exact start and end dates

Table with 3 columns: Term (Fall, Intersession, Spring or Summer), Starting Date, End Date

Job description & expected work hours per week (required)

Fund # Organization # Account # Program#

Supervisors: Please DO NOT allow students to work until this form is returned to you with a signature from the Office of Human Resources.

Student Signature: Date:
Supervisor Signature: Date:
Banner Org/Budget Authority: Date:
Human Resources Signature: Date:
Form scanned to supervisor Date:

NOTE: STUDENTS MUST DELIVER WORK AUTHORIZATION FORM IN PERSON TO THE OFFICE OF HUMAN RESOURCES, WINTERGREEN BUILDING TO COMPLETE I-9 FORM AND FEDERAL & STATE W-4.