

Student Employment Continuing Student Packet

All Student Employment and Human Resources required forms are to be submitted to Student Employment located in Financial Aid Services. Incomplete packets will not be accepted and will delay processing of your student employment clearance.

Student Employment Required Forms

- \Box Work Authorization Form
- □ Current Semester Class Schedule *(Submit each semester to SE)*
- □ Current Semester Work Schedule (Submit each semester to SE)
- □ Student Employment Handbook & IT New User and Cybersecurity Acknowledgement

Human Resources Required Forms (only complete if something has changed)

- □ Direct Deposit Authorization Form with check or bank letter
- \Box Employee Data Form



Student Employment Work Authorization Form

Student Name:		Student ID:		
	within the past six months?	Yes No		
This This	Section Is To Be Completed B	y The Supervisor/Department		
Academic Year: 2024-2025	Start Date: January 21, 2025	End Date: May 8, 2025		
Position:		Department:		
Department Number:	Campus:	_ Cost Center Numbe <u>r:</u>		
ATC	Deltona	Flagler/Palm Coast	NJC	
Daytona B	each DeLand	New Smyrna Beach		
# of Weeks Student will Wor	k:	# of Hours per week:		
Supervisor Name:		Ext:		
Supervisor Signature:				
Budget Manager Name:		Ext:		
Budget Manager Signature:				
<u> </u>	his Section Is To Be Complete	<mark>d By Student Employment</mark>		
Employment Type:				
Federal/58101		FWS Award Amount: \$		
Florida Work Experience	(FWEP)/5410120	FWEP Award Amount: \$		
Institutional/58001				
Change from IWS to FWS		Change from FWS to IWS		
Pay Rate:				
Clerical (\$13.00) Ins	tructional (\$13.25) Specializ	zed (\$13.25) Comm Service (\$13	.50)	
Budgeted Amount (Hours per	week * payrate) * (work weeks)			
Student Employment Coordi	nator:	Date:		



Student Employee Work Schedule Academic Year 2024-2025

Student:			Stude	Student ID:		
Position:	tion:			Department:		
Check Term**:	Summer B	Fall	Spring	Summer A		
				Hours Per Day		
Monday:			_			
Tuesday:			_			
Wednesday:			_			
Thursday:			_			
Friday:			_			
Saturday:			_			
Sunday:			_			
	Total Hou	ırs Per Wee	k	20		
Student Signature:						
Student Signature.				ter indicated above.		
Supervisor Name:						
Supervisor Signatur	·e:					

Please note this must be the same staff member indicated as supervisor on the Work Authorization Form. If the supervisor has changed, please notify Student Employment



Student Employment Handbook & IT New User and Cybersecurity Acknowledgement

Student employees are a vital part of the Daytona State College community and like other DSC employees, student employees must abide by certain policies and procedures.

The Student Employment Handbook provides essential information regarding eligibility, time reporting, and various policies for all student workers. A PDF version of the handbook can be found on DSC's Website: <u>https://www.daytonastate.edu/faculty-and-staff/human-resources/student-employment.html</u>

All student employees are required to complete the IT New User and Cybersecurity training on an annual basis. Failure to do so within the allotted timeframe, may end in dismissal from a student employment position.

Should you have any questions, please be sure to contact your immediate supervisor or Student Employment at (386) 506-3015 or by email at <u>FinancialAid@DaytonaState.edu</u>.

By signing below, I understand I am responsible for the policies and information included in the Student Employment Handbook. In addition, I also agree to complete the IT New User and Cybersecurity Training with the required timeframe.

Employee Name:

Employee Signature: _____

Student ID:

Date: _____

Supervisor Name:

Supervisor Signature:

Date: _____