



DAYTONA STATE COLLEGE

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

- 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
- Employee Data Form



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Student Employment Work Authorization Form

Student Name: _____ Student ID: _____

Previously Employed at DSC within the past six months? Yes _____ No _____

This Section Is To Be Completed By The Supervisor/Department

Academic Year: 2025-2026 Start Date: July 2, 2025 End Date: August 13, 2025

Position: _____ Department: _____

Department Number: _____ Cost Center Number: _____

Campus:
 ATC Deltona Flagler/Palm Coast NJC
 Daytona Beach DeLand New Smyrna Beach

of Weeks Student will Work: _____ # of Hours per week: _____

Supervisor Name: _____ Ext: _____

Supervisor Signature: _____

Budget Manager Name: _____ Ext: _____

Budget Manager Signature: _____

This Section Is To Be Completed By Student Employment

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) Instructional (\$13.25) Specialized (\$13.25) Comm Service (\$13.50)

Budgeted Amount (Hours per week * Payrate) * (work weeks): _____

Student Employment Coordinator: _____ Date: _____



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Student Employee Work Schedule Academic Year 2025-2026

Student:

Student ID:

Position:

Department:

Check Term:** Summer B Fall Spring Summer A

Please list actual times that you will be working

Please list numbers of hours worked

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Total Hours Per Week

Student Signature: _____

***Attach your class schedule for the semester indicated above.*

Supervisor Name:

Supervisor Signature: _____

*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*



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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: <https://www.daytonastate.edu/faculty-and-staff/human-resources/student-employment.html>

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 FinancialAid@DaytonaState.edu.

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: _____