



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. Students who submit incomplete packets will receive an email stating what is missing.

Student Employment Required Forms

- Work Authorization Form
- Current Semester Class Schedule (*Will submit each semester to SE*)
- Current Semester Work Schedule (*Will submit each semester to SE*)

Human Resources Required Forms (*only complete if anything has changed*)

- Direct Deposit Authorization Form
- Employee Data Form

Submit completed continuing student employment packets to:

Daytona Beach Campus
Building 100/Room 104
1200 W. International Speedway Blvd
Daytona Beach, FL 32114



DAYTONA STATE COLLEGE

Student Employment Work Authorization Form

Student Name: _____ Student ID: _____

Previously Employed at DSC within the Past Year? Yes _____ No _____

This Section Is To Be Completed By The Supervisor/Department

Academic Year: _____ Start Date: _____ End Date: _____

Position: _____

Department: _____ Department Number: _____

Cost Center Number: _____

Campus:

___ ATC ___ Deltona ___ Flagler/Palm Coast

___ Daytona Beach ___ DeLand ___ New Smyrna Beach

Number of Weeks Student will Work: _____

Number of Hours per week (not to exceed 20 during Fall/Spring): _____

Hourly Pay Rate: \$10.00

Department Authorization Amount (must not exceed budget): _____

- Calculation: (hourly rate) x (hours per week) x (number of weeks)
 - Ex. (\$10.00*20 hours per week)*15 weeks = \$3,000 per term

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: \$ _____

___ Institutional/58001

___ Change from IWS to FWS ___ Change from FWS to IWS

Enrolled Credit Hours: Summer B: _____ Fall: _____ Spring: _____ Summer A: _____

Student Employment Coordinator: _____ Date: _____



DAYTONA STATE COLLEGE

Student Employee Work Schedule Academic Year 2021-2022

Student: _____

Student ID: _____

Position: _____

Department: _____

Check Term: _____ Summer B _____ Fall _____ Spring _____ Summer A

	Total Hours Per Day
Monday: _____	_____
Tuesday: _____	_____
Wednesday: _____	_____
Thursday: _____	_____
Friday: _____	_____
Saturday: _____	_____
Sunday: _____	_____

**Total Hours
Per Week**

Student Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

*Please note this must be the same staff member indicated as supervisor on the
Work Authorization Form.*