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**Supervisor and Working Student
Forms and Instructions Packet**

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List of Links



Student Work Authorization Form (SWAF)

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Fiscal Year _____ July 1, _____ to June 30, _____.

Supervisors: For first-time work-study employees, complete Sections 1, 2, and 5, attach SWAF, Position Description, I-9, W-4, Student Education Verification Form, and forward forms to Financial Aid; for first-time student workers, also complete Section 3 and forward forms directly to Payroll Office. For changes to employment or pay, complete Sections 1, 4, and 5.

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Section 1: Student Information			
Last Name:	First Name:	MI:	
Address:		Student ID #:	
City:	State:	Zip Code:	
Student E-mail: <p style="text-align: center;">@go.metrostate.edu</p>		Student Phone:	
Student is an international student: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete and forward forms to International Student's Office (ISO).		Start Date:	Anticipated End Date:
ISO Authorization Signature:			Date:

Section 2: Pay Level and Authorization		
Starting Pay Level: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C If Pay Level B or C, forward forms to Human Resources Department (HR).	Rate/Hr \$:	Total Estimated Encumbrance \$:
HR Position Description Authorization Signature:		Date:

Section 3: Department Funded Student Workers		
<input type="checkbox"/> Non-Work Study forward forms to Payroll Office.	Primary Cost Center #:	\$ Amount:
Department Budget Director Signature:		Date:

Section 4: Changes to Student Pay or Employment		
Check one and forward SWAF directly to Payroll Office.		
<input type="checkbox"/> Pay Rate Increase	New Rate/Hr. \$:	Effective Date:
<input type="checkbox"/> Termination	Last Day of Work:	

Section 5: Supervisor Information and Authorization	
Supervisor's Name:	Supervisor's Routing ID#:
Supervisor's Signature:	Date:

For Financial Aid or Payroll Office Use Only			
<input type="checkbox"/> Federal Work Study	Primary Cost Center #:	\$ Amount:	%
	Matching Cost Center #:	\$ Amount:	%
<input type="checkbox"/> State Work Study	Primary Cost Center #:	\$ Amount:	%
	Matching Cost Center #:	\$ Amount:	%
<input type="checkbox"/> Change in Work Study Encumbrance	Primary Cost Center #:	Original Amount:	New Amount:
Financial Aid Authorization Signature:			Date:
Date Entered:	Authorization #:	Routing ID #:	

1B.1 Minnesota State Colleges and Universities and Metropolitan State University are committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, or sexual orientation. In addition, discrimination in employment based on membership or activity in a local commission as defined by law is prohibited.

Data Privacy Collection Notice: The SWAF is intended for student employment authorization. Access to student data is limited to Metropolitan State University student employment supervisors and budget directors, ISO, HR, Financial Aid, and Payroll Departments.

Metropolitan State University Student Payroll Department
700 East 7th Street, St. Paul, MN 55106-5000, Founders Hall, FH329
Tel: 651-793-1893 | student.payroll@metrostate.edu

Student Educational Verification Form

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Student

Complete this form, sign, and return to your supervisor.

"I, _____, am currently enrolled at Metropolitan State University
print first and last name

for the period from _____, 20____ to _____, 20____ for _____ credits.
month year month year

As a student, I am currently enrolled part-time full-time.

I anticipate that I will graduate _____, 20____.
month year

By signing below I agree to:

- Maintain satisfactory academic progress, as defined in University Regulation Policy #2050
- Notify my supervisor immediately if I drop a class so that I am no longer a full-time student
- Work no more than 14 hours/week if I am a part-time student, as defined in University Procedure #512
- Notify my supervisor if I graduate or otherwise terminate my student status
- Continuously register as a full-time student in order to remain employed as an international student worker and/or graduate assistant

Student's signature:

Date:

Note: Students who knowingly provide false information for purposes of obtaining and retaining employment may be dismissed from employment and may be convicted of a misdemeanor. (M.S. 43A.39)

Supervisor

Please sign below, provide a copy to the student, and return the original form to the Student Payroll Office.

Supervisor's signature:

Title:

Date:

Financial Aid Office

Award amount \$: _____ x hourly rate of \$: _____ = _____ Total work hours: _____

Student Direct Deposit Authorization Form

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Transaction Type

Check One:

- New direct deposit (complete Sections 1, 2, and 3)
- Change direct deposit (complete Sections 1, 2, and 3)
- Stop direct deposit (complete Sections 1 and 3) Effective stop date: _____/_____/_____

Direct Deposit Request

Check all that apply:

- Student payroll direct deposit
- Financial aid and refund checks

Section 1: Student Information

Last Name:	First Name:	MI:	Student ID #:
Address:			Phone #:
City:		State:	Zip Code:

Section 2: Student's Financial Institution Information

Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Bank Transit Routing #:	Account #:
Name of Financial Institution:		
City:	State:	Zip Code:

Section 3: Student Authorization

I authorize Metropolitan State University and my financial institution indicated above to initiate electronic credit entries (direct deposit) of my checks, and if necessary, debit entries and adjustments for any credit entries made in error to my accounts. I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued.

Student Signature:	Date:
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Send completed form with VOIDED CHECK or DEPOSIT SLIP to Metropolitan State University Financial Management, 700 East 7th Street, St. Paul, MN, 55106-5000. Forms may be brought in to the Payroll Office located in Founders Hall, FH329.

Note: You will receive regular checks until the authorization process is complete.