



RETURNING STUDENT AUTHORIZATION FORM

(This form is to be completed by students and their supervisor if the student is returning to the **SAME DEPARTMENT** and **SAME POSITION/S** that was/were held in the past, for this coming academic year. Students that are returning to the same department, but are moving to a new position must complete a Payroll Authorization Form (PAF). If a PAF is needed please go to the OCE GROUP PAGE. If you have questions please contact Student Employment ext.4880 or ext.4881.

PART I: TO BE COMPLETED BY STUDENT (PLEASE PRINT)

Student ID# 000 _____

Name: Last _____ First _____ Middle Initial _____

Local: street address _____ City _____ State _____ Zip _____

Phone number () _____ - _____ Optional contact number () _____ - _____

Academic Year: Sophomore Junior Senior Graduate

I have received a job description and accept a student position in the department indicated below and to perform tasks assigned to me to the best of my ability. My supervisor has informed me of my rate of pay. It is my belief that such work will not jeopardize my academic standing. I further understand that Xavier University has the right to terminate this position due to any change in availability of funds for student employment of if I fail to perform in the manner expected of me. I acknowledge that, in the performance of my assigned duties I may have access to confidential and personal University information. I agree to keep confidential and refrain from disclosing any student or University information, except as directed by my supervisor. I further acknowledge that violation of this CONFIDENTIALITY agreement could result in disciplinary action, including termination of my employment.

I HAVE READ AND UNDERSTAND THESE STATEMENTS: _____
Student Signature _____ Date _____

PART II: TO BE COMPLETED BY SUPERVISOR (PLEASE PRINT)

Return this completed form to Student Employment (Career Services Center ML 2131). **THIS FORM IS USED TO AUTHORIZE STUDENTS PAYROLL. ITS TIMELY COMPLETION IS REQUIRED TO AVOID DELAYS AND ERRORS IN PROCESSING STUDENT PAY.**

Hiring Department _____ Date _____

Position Title: _____ Org/Fund# _____

Position# _____

If the student will hold more than one position within your department, please list all positions

Position Title: _____ Org/Fund# _____

Position# _____

Position Title: _____ Org/Fund# _____

Position# _____

Supervisor's Signature

Supervisor (*Print Name*)