

Name of Student (Last Name, First Name)	Student ID Number:
THE UNIVERSITY OF MONTANA-MISSOULA HIRING CARD FOR STUDENT-STATUS EMPLOYMENT (NON WORK-STUDY) REQUIREMENT: Employee must be enrolled for AT LEAST SIX credit hours. EXPIRATION: At the end of the school year, which includes summer if checked below. DEADLINE: Complete all sections and return to Student Payroll Services by the 8th of the month in which student begins working.	
STUDENT: COMPLETE THIS SECTION To be a student-status employee, I agree: <ul style="list-style-type: none"> —To maintain at least SIX CREDIT HOURS during the academic year. (Summer does not require minimum credits.) —To notify my employer immediately if I fail to register, or I withdraw, or take only 1 to 5 credit hours. I further understand my employment is not guaranteed if I do not maintain at least six credit hours. —To work consistently less than 39 hours per week from all campus jobs combined. —To provide regular, punctual, efficient work. —To complete another of these cards if my employment as a student extends beyond spring semester and/or summer semester. I further understand it is unlawful to manufacture, distribute, sell or possess a controlled substance in the workplace, and I am subject to disciplinary action just as any other employee. (Awareness training about the effects of use and abuse of drugs is available for students through the Counseling Center.)	EMPLOYER: COMPLETE THIS SECTION THE ABOVE STUDENT IS HIRED FOR: <input type="checkbox"/> ACADEMIC YEAR <input type="checkbox"/> SUMMER I/We agree: <ul style="list-style-type: none"> —To employ the above-named individual as a student-status employee. —To be responsible for 100 percent of the student's wages. (Employers are charged after each payroll.) —To monitor hours carefully to prevent the weekly total from consistently exceeding 39 hours. We understand all hours exceeding 40 in one week will be charged as overtime at 1½ times the regular wage. —To provide proper professional supervision, ensuring work will comply with institutional rules. —To provide employee clear, written directions of job duties and expectations. I/We understand this card becomes invalid if the employee is not enrolled for at least 6 credit hours.
_____ Student Signature	_____ Date
_____ Authorized Signature for Department/Organization	
_____ Date	

JOB DESCRIPTION — EMPLOYER MUST COMPLETE

IMPORTANT! Complete all items on this page. Incomplete information may delay payroll processing.

NAME OF DEPARTMENT	TIME ROSTER NO.	
INDEX NO.	HOURLY RATE OF PAY FOR THIS EMPLOYEE. (Campus employers must follow student pay schedule.)	\$
JOB DESCRIPTION Please be specific	Job Category Title _____	

Please print name of department / agency coordinator for Student Payroll Services to contact if questions arise:

Name _____

Telephone _____