St. Cloud State University
Notification of Hiring Form

Student's Full Name (PRINT)_____ **Student ID** _____

Purpose: The purpose of this Notification of Hiring (NOH) form is to verify that the student and supervisor mutually agree on the student's hiring for the position* listed below.

Instructions:

1. The student and supervisor must complete and sign the NOH form. Return the completed and signed NOH form to the St. Cloud State University Financial Aid Office (FAO) **at least 3 days before the start** of employment.
2. **ENROLLMENT**: Students *must be enrolled at least 6 credits* (U.S citizen/resident alien) **OR** *full-time* (international students).
3. **WORK AUTHORIZATION**: The FAO will email a work authorization to the student and supervisor based on the NOH form information. **Students cannot begin working until** the FAO has prepared and sent the work authorization **AND** students have both an I-9 and a W-4 on file with the SCSU Payroll Office.
4. **NEW student employees:** Complete payroll forms (I-9 Verification of Employment and W-4 Tax Withholding Certificate) **before** you begin working. **NOTE**: The I-9 requires **original** documentation to verify employment eligibility and identity. Forms are available at www.stcloudstate.edu/businessservices/forms/default.aspx
5. **E-TIMESHEETS:** Generated after all of the above listed items are completed.
6. **EARNINGS:** Direct deposit is recommended. See direct deposit in student e-Services under the "Financial Aid" link.

Department/Agency: _____ **Supervisor** _____

Cost Center *(on-campus departments only - completed by Supervisor)*: _____

Student Job Title* _____**Department/Agency Phone** _____

Number of hours per week _____ . Limit of 20 hours per week (hpw) during periods of enrollment for fall and spring semesters and 40 hpw during non-enrollment (summer and breaks).

Semester (check one)   **Fall/Spring** _____   **Fall only** _____   **Spring only**   _____
*Subject to departmental funding and confirmation of the student's eligibility for employment by the Financial Aid Office.

_____   **Date**_____
Student Signature

_____   **Date**_____
Supervisor Signature

Return the completed and signed NOH form to:
St. Cloud State University-Financial Aid Office
106 Administrative Services Building
720 4th Ave South
St. Cloud, MN 56301-4498
Phone: 320-308-2047   Fax: 320-308-5424
financialaid@stcloudstate.edu

Financial Aid Office Use Only
Routing ID _____
Object Code _____
Pay Rate _____
WA

MINNESOTA STATE