Bryant University – 2024-2025 Student Payroll Authorization Period of Authorization August 18, 2024 through May 10, 2025

**	*** ALL AUTHORIZA	TIONS MUST BE TYPED	****
			first name and last name – All
Payroll information – to be completed by Supervisor	First Name:	information is used to	г раугон ригрозез.
Hourly Pay Rate:	Last Name:		
Account#:	Social Security N	umber:	
Dep't. Alpha Code:	Date of Birth:		
	 Student ID#:		
Home Street Address:			
City:		State: Zip Co	de:
Campus Box:		E-Mail Address:	
Cell Phone #:		Expected Graduation Dat	e:
Job Title:		Male/Female: Jo	b #:
The following must be hand delivered by the student to the I Have you worked on campus before? If no, then complete the following: 2024/2025 Payroll Authorization *I-9 Employment Eligibility Verification W-4 Employee's Withholding Allowance Certificate Direct Deposit Form Required Show proper identification in order to complete I-9 Employment		If yes, then complete the following: If you currently employed on-campus by any other University department(s), please indicate the name of department:	
(* See page 3 of Form I-9 for li			
Please note the following:	hava wante aturdu		
	have work-study. not work more than 20 hours	per week during the academic year	1.
3.) Students may	NOT be paid for breaks or lu	nches.	
	permitted to hold only one job		
5.) STUDENTS	MAY NOT BEGIN WORK	UNTIL ALL PAPERWORK IS	COMPLETE & PROCESSED.
Department Name:		Student Signature:	
Division Name:			
Supervisor Name:		Supervisor Signature:	
Supervisor ID#:			
Department Head:		Department Head Signa	ture:

Financial Aid Use Only W-4? Work Study Eligible?_ I-9?_