

Students: Complete this form when applying for/accepting student employment with the University of Alaska. Completed forms must be submitted to your hiring supervisor.

MAU/Major A	Administra UAF	tive Unit UAS	(circle one)	Department
Last Name			First	М.
Employee /S	tudent ID			Work Phone

A COPY OF Y	OUR FE	E PAYI	MENT	RECEIPT MUST BE ATTACHED TO THIS FORM
Please circle the appropriate	e respons	se to ea	ch of	the following three categories:
Student Assistant Level: Graduate Assistant: Federal Work Study:	A YES YES	B NO NO	C	N/A (not applicable)
				eversity of Alaska for the number of credit hours (credit hour at the University of Alaska is incidental to my education.
hours for the semester and a failure to comply with these	2.00 cur conditiont. I also	mulativ ons dur unders	ve graing Fa tand t	Ind University Regulation, I must maintain a minimum of 6 credit and point average to be eligible for any student employment; all and Spring semesters may necessitate immediate termination that while employed in a student position, I may not simulta-University of Alaska.
hours per week between ser Security and Medicare) tax enrollment requirements sti	nesters of for emplopulated by and that	or during oymen by the I will h	g sum t betw RS. I ave F	t exceed 20 hours per week during an academic semester or 40 hours sessions. To be considered exempt from FICA (Social ween academic semesters and the summer, I must meet the If my student employment regularly exceeds 20 hours a week FICA (Social Security and Medicare) taxes withheld from my 0)(B).
bility for exemption from F	ICA tax	and/or	studeı	of any change in my enrollment status which affects my eligi- nt employment. I authorize the release of my credit hour and g my student employment eligibility.
P09.05.020, P09.05.022, P0	9.05.028 work mo	8, and F re than	209.05 20 ho	ning the above requirements, refer to Board of Regents' Policy 5.030. <i>Note: International students in an F-1 or a J-1 status are ours per week. Working over 20 hours per week while school is nmigration status.</i>
CREDIT HOUR LOAD:				Hours
SEMESTER (circle one):	Fall	Spring	g Si	ummer Year: Session 20
By signing below, I agree the for student employment with				rm and verify that, to the best of my knowledge, I am eligible Alaska.
Student Signature				Date
Supervisor Signature				Date

ORIGINAL: Regional Personnel COPIES: Department, Employee FormB171 (10/08)