



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid
Phone: 718-489-5255

180 Remsen Street Room 1404, Brooklyn NY 11201
fax 718-489-2062 Email: FinancialAid@sfc.edu

2019-2020 Student Employment Referral & Authorization to Work

_____	_____	_____	_____
Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
_____			_____
Student's Street Address (include apt. no.)			Student's Date of Birth
_____			_____
City State Zip Code			Student's Email Address
_____			_____
Students Phone Number			Expected Graduation Date

Semester for which form is being completed for:

Summer 2019 Fall 2019 Spring 2020

Confidentially Agreement

As a condition of my employment, continued employment or relations with St. Francis College, I agree to abide by the requirements of the Family Educational Rights and Privacy Act of 1974 (FERPA) regarding the confidentiality and use of a student's private information. I understand and agree that if I access, use or disclose Confidential Information in any form- verbal, written, or electronic- in a manner that is inconsistent with or in violation of FERPA, St. Francis College may impose disciplinary action, including but not limited to, immediate termination of employment, dismissal from an academic program, loss of privileges, or termination of relationship with SFC, and I understand the following:

- I must be enrolled during the semester of work and in good academic standing.
- I may not work during unauthorized periods or exceed more than 20 hours per week.
- I will complete all required forms of employment and payroll on a semester basis as needed.
- If I receive a sign-on code to access the SFC Network and Systems:
 - I will responsible for any use or misuse of my network or application system sign-on codes.
 - I will not attempt to access information on the SFC Network and Systems except to meet needs specific to my job or position at SFC.

I Acknowledge that I have read and agree to the terms of this Confidentiality Agreement.

Student Signature

Date

This section is to be completed by the Department Supervisor:

Department Name and Extension:

Supervisor (print name):

Supervisor Signature

Date

This section is to be completed by the Office of Student Financial Services:	
Work Study Eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Study Award:	\$ _____
New Hire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Returning Worker:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
Student Financial Services Signature	Date

This section is to be completed by Payroll Services:	
Form	Submitted (Initial)
I-9	
W-4	
Referral Form	
_____	Comments:
Payroll Signature	

Date	

Please Note: If a student is eligible for the Federal Work-study Program, the pay rate will be charged at 25% against the department budget and 75% against available Work-study funds until the funds are completely used. The college will charge the departments at the rate of 100% when the Work-study grant balance is zero or if the student is not eligible for Work-study.