Student Employment
Continuing Student Packet

All Student Employment and Human Resources required forms are to be submitted to Student Employment located in Financial Aid Services. Incomplete packets will not be accepted and will delay processing of your student employment clearance.

Student Employment Required Forms

☐ Work Authorization Form

☐ Current Semester Class Schedule *(Submit each semester to SE)*

☐ Current Semester Work Schedule *(Submit each semester to SE)*

☐ Student Employment Handbook & IT New User and Cybersecurity Acknowledgement

Human Resources Required Forms *(only complete if something has changed)*

☐ Direct Deposit Authorization Form with check or bank letter

☐ Employee Data Form

DAYTONA STATE COLLEGE

Student Employment Work Authorization Form

Student Name: _____   **Student ID:** _____

Previously Employed at DSC within the past six months? Yes _____   No _____

Academic Year: 2024-2025   **Start Date:** <u>May</u> 19, 2025   **End Date:** June 30, 2025

Position: _____   **Department:** _____

Department Number: _____   **Cost Center Number:** _____

Campus:

___ ATC   ___ Deltona   ___ Flagler/Palm Coast   NJC

___ Daytona Beach   ___ DeLand   ___ New Smyrna Beach

# of Weeks Student will Work: _____   **# of Hours per week:** _____

Supervisor Name: _____   **Ext:** _____

Supervisor Signature: _____

Budget Manager Name: _____   **Ext:** _____

Budget Manager Signature: _____

Employment Type:

___ Federal/58101   FWS Award Amount: $ _____

___ Florida Work Experience (FWEP)/5410120   FWEP Award Amount: $ _____

___ Institutional/58001

___ Change from IWS to FWS   ___ Change from FWS to IWS

Pay Rate:

___ Clerical($13.00) ___ Instructional ($13.25) ___ Specialized ($13.25) ___ Comm Service ($13.50)

Budgeted Amount (Hours per week * Payrate) * (work weeks): _____

Student Employment Coordinator: _____   **Date:** _____

DAYTONA STATE COLLEGE

**Student Employee
Work Schedule
Academic Year 2024-2025**

Student: _____ **Student ID:** _____

Position: _____ **Department:** _____

Check Term**: ☐ Summer B ☐ Fall ☐ Spring ☐ Summer A

		Hours Per Day
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____
Total Hours Per Week		_____

Student Signature: _____

**Attach your class schedule for the semester indicated above.

Supervisor Name: _____

Supervisor Signature: _____

*Please note this must be the same staff member indicated as supervisor on the Work Authorization Form.
If the supervisor has changed, please notify Student Employment*

Student Employment Handbook &
IT New User and Cybersecurity
Acknowledgement

Student employees are a vital part of the Daytona State College community and like other DSC employees, student employees must abide by certain policies and procedures.

The Student Employment Handbook provides essential information regarding eligibility, time reporting, and various policies for all student workers. A PDF version of the handbook can be found on DSC's Website: https://www.daytonastate.edu/faculty-and-staff/human-resources/student-employment.html

All student employees are required to complete the IT New User and Cybersecurity training on an annual basis. Failure to do so within the allotted timeframe, may end in dismissal from a student employment position.

Should you have any questions, please be sure to contact your immediate supervisor or Student Employment at (386) 506-3015 or by email at FinancialAid@DaytonaState.edu.

By signing below, I understand I am responsible for the policies and information included in the Student Employment Handbook. In addition, I also agree to complete the IT New User and Cybersecurity Training with the required timeframe.

Employee Name: _____

Employee Signature: _____

Student ID: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____