AUTHORIZATION FOR STUDENT EMPLOYMENT

Academic Year: 20__ ___ / 20__ ___  Grading Class of 20__ ___

STUDENT NAME: ___________________________ Duke Unique ID# __________

CURRENT STATUS: _____ 3L _____ 2L _____ SJD _____ LLM _____ OTHER

*First year law students need special approval to work.

Approval from Associate Dean Bill Hoye is required for all 1L’s to be hired on the student payroll. Dean Hoye’s signature on this form in addition to the hiring professor is required. An email direct or forwarded from Dean Hoye is also acceptable.

NOT A LAW SCHOOL STUDENT? WHERE ARE YOU A STUDENT? __________________________

** INTERNATIONAL STUDENTS – International students must go to the Visa Services Office to complete the Form I-9 before being set up on student payroll. Students should take a Visa International Letter completed by Administrative Services to the Visa Services office. Return the completed hire packet and Foreign National Form to Administrative Services along with I-9 completed by Visa Services. The “START” date of employment cannot be more than “3" days before the I-9 is completed and dated at Duke Visa Services. Students should contact Cathy Perkins at perkins@law.duke.edu to make an appointment to submit completed hire packet.

TO BE COMPLETED BY FACULTY MEMBER OR DEPARTMENT HEAD

FIRST DATE YOU ANTICIPATE STUDENT TO START WORKING FOR YOU: ________________

HOW MANY HOURS PER WEEK DO YOU ANTICIPATE STUDENT TO WORK? ________________

STUDENT WILL BE EMPLOYED AS: (CIRCLE ONE BELOW)

RESEARCH ASSISTANT [for RA’s complete A, B, C & D] OR TEACHING ASSISTANT [for TA’s: complete A, B, & C]

A & B - Course NAME and NUMBER: ________________________________

C - Is student enrolled in this class for credit? _____ yes _____ no

D - If enrolled in this class for credit, is the research related to the student’s current coursework? _____ yes _____ no

WHAT IS THE FUNDING SOURCE? (Check One) _____ FACULTY ACCOUNT (including Instructional TA’s as of 06/09)

_____ GRANT FUNDED
Grant Name/Code: ________________________________

_____ DEPARTMENTAL
Department/Code: ________________________________

_____ OTHER
Name/Department/Code: ________________________________

Professor’s Signature

Professor’s Name  (PLEASE PRINT)

Date: ________________________________

UNDERGRADUATE STUDENTS:
If student is enrolled in summer school and is on federal work study, which term will they be attending? (Circle one) 1, 2, or 3