AUTHORIZATION FOR STUDENT EMPLOYMENT

STUDENT NAME: (Please Print) _________________________________   Date: _________________

CURRENT STATUS:    _*_  

____ 1L      ______ 2L       ______ 3L       ______SJD       ______ LLM      ______ OTHER

*First year law students need special approval to work.

*Approval is required for all First Year Law Students to be hired on the student payroll. Dean Hoye’s signature on this form in addition to the hiring professor or department 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:  Contact Cathy with the name of the faculty member or department you will be working for, the date you intend to start working and whether you will be an RA, TA, Note Taker or Other. I will provide you with information to take to the Duke Visa Services office to complete your I-9. The “START” date of employment cannot be more than “3” days before the I-9 is completed and dated at Duke Visa Services. Once your I-9 is complete, contact Cathy to schedule a payroll meeting. Bring your identification, completed hire packet, Foreign National Form, and State and Federal tax forms with you to the payroll meeting.

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 a: (Check one)  

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

_____ TEACHING ASSISTANT [for TA’s: complete A, B & C]  

_____ NOTE TAKER  

_____ OTHER  Title: ___________________________________

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 June 2009)  

_____ GRANT FUNDED  

Grant Name/Code: ______________________________________

_____ DEPARTMENTAL  

Department Name/Code: ______________________________________

_____ OTHER  

Department Name/Code: ______________________________________

Professor’s Signature

Professor’s Name (PLEASE PRINT)

Date: ____________________________

Updated 12/08/2017