

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: _____