



Returning Student Clearance to Work Form

Returning Student Employees must complete the following before returning to work.
Supervisors will be notified if/when the Student Employee is cleared to work.

Student Name (*Legal Name Only*): _____

Bard ID # _____ Bard Email: _____

Legal Address: _____

Job 1 Supervisor(s) _____

Job 1 Department _____

Job 2 Supervisor(s) _____

Job 2 Department _____

Academic Warning or Probation? Yes No Federal Work Study Eligible? Yes No

Direct Deposit? Yes No If "yes" please indicate name of Bank/Financial Institution

Bank Name _____ Bank Acct # _____

Please read and check the following:

- I understand that I am capped at working **26 cumulative hours per two week pay cycle** (contact the Student Employment Manager at seo@bard.edu to discuss exemption to this policy)
- I understand that I may only work for **two on-campus departments** (contact the Student Employment Manager at seo@bard.edu to discuss exemption to this policy)
- I understand that it is **both** the responsibility of the student employee and supervisor to ensure that time sheets are legibly completed and include: student name, student ID, dates worked, times in and out, daily, weekly and pay cycle totals, budget account number, signature of supervisor, and, if any, special rate. Late or incomplete timesheets **will** cause a delay in payment.

Signature

Date