

**COORDINATED BY:** Business Affairs

**EFFECTIVE:** October 11, 1999

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**REVISED:**

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**SUBJECT: STUDENT EMPLOYMENT**

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**I PURPOSE**

To clearly define eligibility for student work as well as the hours to be worked by students.

**II ELIGIBILITY TO WORK**

All students who are considered full-time are eligible for student employment at LSU in Shreveport.

Students who are taking the last of their on-campus course work prior to off-campus practical training (i.e. student teaching), graduating seniors registered for the last of their required courses, or students registered at other educational institutions as well as LSUS for a combined full-time course load are also eligible for student employment.

**III MAXIMUM WORK HOURS**

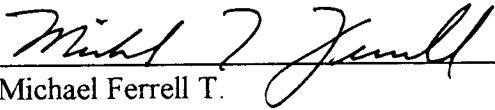
During the fall and spring regular semesters student workers may not work more than twenty (20) hours per week. Student workers will be permitted to work up to forty (40) hours per week between semesters. A student is exempt from the twenty (20) hours per week limitation once he/she has taken his/her last final examination for the summer.

**IV SUMMER SESSION EMPLOYMENT**

Full-time student status is retained during the summer whether or not the student is enrolled in one of the summer sessions — if he/she was full-time in the Spring semester and it is

anticipated he/she will return in the fall. Student workers will be permitted to work up to forty (40) hours per week during the summer session. If a student is not registered in the summer session and chooses to work then he/she will have social security/medicare taxes deducted from earnings.

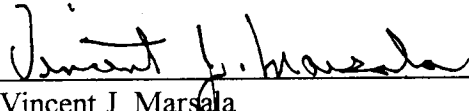
APPROVED:



Michael Ferrell T.  
Vice Chancellor for Business Affairs

10-20-99

Date



Vincent J. Marsala  
Chancellor

10-20-99

Date

LOUISIANA STATE UNIVERSITY IN SHREVEPORT  
*Student Appointment / Status Change Form*

**Appointment forms MUST be submitted prior to student beginning work.**

Name		Soc. Sec. No.	
Address (Street, City, State and Zip)		Budget Acct. No.	
Effective Date	Termination Date	Prior Termination Date for this Department	
LSUS Department		Supervisor (Name and Title)	
Rate of Pay _____		For Budget Fund Workers Total Estimated Earnings for this Appointment: _____	
<b>Fall and Spring Semesters</b> Are you a full-time registered student? Yes ___ No ___ If not at LSUS, where _____		<b>Summer Session ONLY</b> — Are you registered as a student at LSUS? Yes ___ No ___ If not you will be subject to FICA & Medicare Tax deductions.	
Birth Date	Race	Sex	Academic Level Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___
Are you related to any LSU employee? _____ If Yes — Name and Relationship _____ Yes ___ No ___			
Job Title / Description			
<b>FEDERAL INCOME TAX WITHHOLDING (W-4)</b> [After initial appointment complete only to make a change.] 1. Marital Status: Single ___ Married ___ Married but withhold at higher Single Rate ___ 2. Total number of allowances (EXEMPTIONS) I am claiming _____ 3. Additional amount, if any, you want deducted from each check. _____ 4. I claim exemption because _____ _____ (a) last year I did not owe any Federal income tax and had a right to a Full refund of all income tax withheld, and _____ (b) this year I do not expect to owe any Federal income tax and expect to have a right to a full refund of all income tax withheld If (a) and (b) are applicable you must CHECK both and enter EXEMPT here _____			
<b>STATE INCOME TAX WITHHOLDING (L-4)</b> 1. Exemptions (a) if you claim neither yourself nor your spouse enter "0"; or (b) if you claim yourself enter "1"; or (c) if you claim yourself and your spouse enter "2" ..... here _____ 2. Credits: If during the past year you will provide more than one-half support of persons closely related to you (Other than your spouse) enter the number of dependents ..... here _____			
<b>STATEMENT OF STUDENT</b> I do solemnly swear (or affirm) that I will support the constitution and laws of the United States and the Constitution and Laws of this State; and I will faithfully and impartially discharge and perform all the duties incumbent upon me as a student worker according to the best of my ability and understanding. The duties of this appointment have been explained and are acceptable to me. I realize that during regular fall and spring semesters, I must be a full-time student in good academic standing to be eligible for student employment. During the summer session I can continue to work if I was a full-time registered student in the spring semester and expect to be again in the fall. If I am not registered during the summer session I will be subject to deductions of both social security and medicare tax during the summer session employment. I further understand that upon my initial appointment I must complete and I-9 form as required by the INS regulations.			
Work Study Student: I realize that I must not work more hours than I am eligible to be paid for according to this work-study salary limit. I understand that my work-study limit for the work period indicated above is ..... \$ _____			
_____ Student Signature		_____ Date	
_____ Director of Student Aid	_____ Date	_____ Department Head	_____ Date
Each New employee must come to Human Resource Management (Administration Building, Room 109) within three business days with (1) Drivers' License, (2) Social Security Card or Birth Certificate or other I-9 acceptable documents.			