

Clark Atlanta University
STUDENT WAGE PAYMENT FORM

If a student is working under and /or participating in multiple student payment programs (college work study and /or stipend) a separate and different student payment form must be completed for each program or assignment.

PERSONAL INFORMATION

STUDENT ID #: _____ **SS #:** _____

Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: _____ **Race:** ___Black/African ___White ___Hispanic ___Asian ___Other

Gender: ___Male ___Female

Marital Status: Single ___ Married ___ **US Citizen:** ___Yes ___No (If No, please indicate country)

(Country)

Local Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Major: _____ **E-Mail Address:** _____ **Home Phone #:** () _____

Classification: _____

Please indicate if you are receiving other funds this academic year. ___Institutional ___Federal

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY AUTHORIZING OFFICES:

Hourly Rate: \$ _____ **Begin Date:** _____ **End Date:** _____

Department Name: _____ **Index #:** _____ **Fund #:** _____ **Organization #:** _____

Account #: _____ **Program #:** _____ **Activity Code #:** _____ **Percentage:** _____%

Authorizing Signature: _____ **Date:** _____ **Extension #:** _____

FOR FINANCE AND HUMAN RESOURCES USE ONLY:

Financial Authorization:

Budget: _____ **Date:** _____

Grants and Contract: _____ **Date:** _____

E-Class #: _____ **Position #:** _____ **Data Entered By:** _____ **Date:** _____

Data Entered Verified By: _____ **Date:** _____