

**MERCED COLLEGE
Financial Aid Office**

REQUEST & AUTHORIZATION FOR NON-WORK STUDY STUDENT EMPLOYMENT
(W-4 CARD MUST BE SIGNED BY STUDENT AND ATTACHED)

*Social Security Number | ID Number

*Name (Last) (First) (M) (DOB)

Address (Street) Telephone Number

(City) (State) (Zip)

Position Title Area Name

Term of Employment: From _____ To _____

Hourly Rate Hours Per Week Total Earnings

Account Name Account Number

Supervisor Alternate Supervisor

Signature of Department Chairman or Administrator

* Date

PLEASE RETURN ALL COPIES INTACT TO FINANCIAL AID OFFICE

White Copy -Financial Aid
Canary Copy -Business Office
Pink Copy -Supervisor

MC FORM-670; Rev June 2009 RA