

CRSM Work Authorization 2016-2017

You have requested that, _____, a Cristo Rey St. Martin student, work for pay during a school break at their currently assigned Corporate Work Study Program business partner/company.

Please complete this authorization form if you would like your student to participate.

School: Cristo Rey St. Martin College Prep (CRSM)

Student's name: _____

Company Name: _____

Company Address: _____

Designated Supervisor(s) Name:

_____ **Email/Phone:** _____

_____ **Email/Phone:** _____

Billing Information:

Name of Company's Primary Contact to be invoiced: _____

Email: _____ **Phone Number:** _____

PO #: _____ **(Please write N/A if not applicable)**

Company Information:

CRSM will invoice company at a per diem rate of \$110 per student per day. Invoices will be sent monthly unless an alternative request is made.

Employees of the company are **not authorized** to provide transportation for a student. Any company employee providing transportation to/from work will be in violation of their company policies.

On Page 2, please indicate with an X the work days you and your student worker have agreed upon.

CRSM Information:

Student remains an employee of Cristo Rey St. Martin College Prep and is not an employee of the business partner/company. Unlike school work days, the student is responsible for directly notifying their supervisor if they will be late or miss work.

CWSP transportation is available at the student's request. Student must specify this on their Student Work Authorization (signed by parent/guardian). CWSP will deduct \$10 per work day for transportation.

If student does not elect to have CWSP transportation then parents are solely responsible to arrange for their student's transportation to/from their work site each day.

Student will receive hourly pay via the Cristo Rey St. Martin payroll system at the rate of \$12.50/hour (gross pay). Applicable taxes will be withheld in accordance with federal and state regulations. Student may not work more than 8 hours per day or 40 hours per week.

An approved timecard for each day worked, with the "For Pay" box checked, is required to receive pay. The student must sign and submit both W-4 and direct deposit forms to CRSM Finance Department before the start of work.

Proposed Work Schedule Agreed Upon by Business Partner and Student Worker
Please place an X and indicate the date of anticipated work days

This form can be used for any out of school days (ie. Columbus Day, Veteran's Day, Winter and/or Spring Break, etc).

Month/ Year:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Month/ Year:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Month/ Year:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Month/ Year:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Authorizing Supervisor: _____

Signature of Authorizing Supervisor: _____ Date: _____

Student Signature: _____ Date: _____

CWSP will have the student sign this form and provide a copy to the supervisor and the parent/ guardian.

Please complete one form for each student and return to your CWSP Coordinator.