STUDENT MEDIA POSITION AUTHORIZATION FORM

STUDENT MEDIA DEPARTMENT USE ONLY

Date/Initials: _____

Transaction #: _____

Position #: _____

TERMJB #: _____

Date of TERMJB: _____

SECTION 1 – Completed by the Employee

Employee Name: _____

G Number: _____

Phone Number: _____

Mason Email Address: _____

Do you currently hold another position at George Mason University?

☐ Yes ☐ No

Have you ever been paid by George Mason University?

☐ Yes ☐ No

Are you a United States Citizen or Permanent Resident? ☐ Yes ☐ No

SECTION 2 – Completed by a Student Media Staff Member

Start Date: _____ End Date: _____

Group: _____ Job Title: _____

Pay Information: _____ ☐ SW ☐ WC ☐ RA ☐ W ☐ MISC ☐ Pay Request

Will this employee need electronic card access to the Student Media Office? ☐ Yes ☐ No

Student Leader Signature: _____

Authorizing Signature: _____

SECTION 3 – Required Forms and Agreement

All employees must complete/obtain the following required forms before employment with George Mason University:

- ☐ Job Position Description
- ☐ Student Media Application *or* Internal Staff Form
- ☐ State and Federal Tax Forms
- ☐ I-9 Employment Verification Form
- ☐ Equal Employment Opportunity Form
- ☐ ACA Consent Form
- ☐ Emergency Contact Form
- ☐ Conditions of Employment
- ☐ Commonwealth of Virginia Alcohol and Other Drugs Policy
- ☐ Use of Electronic Communications and Social Media Form
- ☐ Select Service Form (males only)
- ☐ Background Check Form
- ☐ Your Rights Under FMLA
- ☐ Payroll Direct Deposit
- ☐ Federal Work Study Employment Verification Form (if applicable)

I, _____, understand that I need to have all the required forms listed above completed to the employers satisfaction before I can begin employment and receive payment in the position listed above.

Signature: _____ Date: _____