



WENTWORTH
Institute of Technology

2017-2018

Leopard Work Authorization Form

Date _____

TO BE COMPLETED BY THE HIRING DEPARTMENT

By completing this form, I acknowledge hiring the below-named student for the following position.

Student: _____ WIT #: _____

Position: _____ Department: _____

Pay Rate: \$11.00 Other: \$ _____

Charge to Account # (if applicable): _____

Supervisor's Signature

Date

Print Supervisor's Name

I authorize the employment and certify the availability of funds for the above-named student

Division Head/Budget Manager Signature

Date

Print Name

Return this form to Michael Femia, Business Office

2017-18