



O K L A H O M A  
**PANHANDLE STATE**  
U N I V E R S I T Y

## New Student Worker Checklist

For all new student workers that have not worked an on campus job, please use the following checklist to make sure your packet is complete before submitting to the Office of Human Resources.

- The new student worker packet is filled out completely, and all information is correct.
- The packet has been reviewed and signed by the student.
- The packet has been reviewed, filled out, and signed by the Supervisor.
- The packet has been reviewed and signed by the Office of Financial Aid.
- Student has unexpired valid forms of ID (please see list of acceptable document for reference). These will need to be witnessed by Human Resources so please bring them to your appointment.
- Student has emailed [opsuhr@opsu.edu](mailto:opsuhr@opsu.edu) to schedule an appointment to submit packet.

For International students, please schedule an appointment with Erin Moore to receive a work permit and complete the above steps.

Once all the task are completed the student is able to be a valid employee of OPSU.



OKLAHOMA  
**PANHANDLE STATE**  
UNIVERSITY

## **Student Worker Agreement**

Student must be **enrolled in and regularly attending** six (6) or more hours in a regular semester or three (3) or more hours in a summer session to be eligible to work up to twenty (20) hours per week in the Fall and Spring semester and twenty-seven (27) hours in the Summer semester.

Student workers will be assigned a maximum number of hours which may be worked in a given semester or year and a total dollar amount which may be earned in this period (this includes "break" periods such as spring break and semester breaks). The money earned by the student working for the University is part of one's financial aid package where appropriate.

There are three (3) work periods for students in each year, Fall, Spring and Summer. Student workers must be approved each of these periods in which they will work. A student working for the entire year would need to be approved at the beginning of their work for each period.

If there is a period in which a student worker must work more than twenty (20) hours per week, **this must be noted at the same time of employment or an amended work agreement must be completed and approved in advance by the Office of Financial Aid and Office of Student Affairs.** A written explanation from the supervisor must be attached to the amended work agreement.

Revisions to the Student Worker Agreement must be filed in the Financial Aid office and approved by the Director of Financial Aid prior to any additional hours being worked and/or any additional wages being paid.

It is the responsibility of both the student and the student's supervisor to make certain excessive hours are not worked and hours are not put on a time sheet which conflict with the student's normal semester class schedule without documentation.

Upon termination of student's employment, the supervisor shall notify the Human resources office of the separation date and submit the Student Worker Exit Date Form.

**No student may receive a payroll check until all payroll documentation is complete.**



## Student Worker Agreement Cont.

### The student worker agrees to the following conditions:

1. I agree to responsibly carry out the duties and tasks outlined in the job description for the position I am assuming.
2. I understand that unsatisfactory job performance is grounds for dismissal.
3. I understand that failure to report for work is grounds for dismissal and may be interpreted as my immediate registration.
4. I understand that tardiness for work is grounds for dismissal.
5. I agree to present myself and conduct myself professionally at all times while on duty.
6. I understand any absences from work must be approved by my supervisor.
7. I agree not to work at any time when a class I am enrolled in is meeting.
8. I understand that my acceptance of this position means that I represent the University and I agree to do so at the level expected by my supervisor.
9. I agree to have period evaluations of my job performance.
10. I agree to not work in excess of my officially approved hours.
11. I have read and reviewed and understand the OPSU Drug Free Workplace Policy
  - a. <https://opsu.edu/app/uploads/2022/12/DrugFreeWorkplacePolicy.pdf>

**I understand and accept the conditions set forth above in this work agreement.**

Student Signature

Date

**I have discussed the terms and conditions presented above. The proposed student worker and I understand and accept the terms and conditions set forth above. I hereby request for this student to be assigned work in my department/school.**

Supervisor Signature

Date

**FORM MUST BE COMPLETED IN FULL**

Student ID :

**Personal Information**  
**Oklahoma Panhandle State University**

Citizenship Status:  Permanent Resident  
 Citizen  International

**Section 1: All Employees Complete**

Prefix	Last Name (incl suffix, e.g. Jr, Sr, III)	First Name	Middle Name	Check if <b>Name Change</b> & attach a copy of your new social security card. <input type="checkbox"/>
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**Section 2: All NEW Employees Complete - Current Employees, Enter only fields that need updated**

Marital Status	Gender	Birth Date	Social Security Number	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Black <input type="checkbox"/> Other
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**Permanent Home Address (within USA to mail W-2)**

Address Line 1		Telephone Number (w/ AC)
Address Line 2		
City	State	Zip Code

OPSU Email:

**Emergency Contact**

Contact Name	Contact Relationship
Contact Address (Street Address, City, State, Zip Code)	Contact Work Phone (w/ AC)
	Contact Home Phone (w/ AC)

Are you currently enrolled at OPSU? Yes  No  Hours enrolled:

Have you ever worked for OPSU? Yes  No  Where?

Do you have other campus employment? Yes  No  Where?

**I have read and understand the conditions set forth in this employment packet.**

Student Signature

Student Job Title:  Hours per week:  Hourly rate is \$7.25

Position Code (e.g.#001202)  Start Date:

Supervisor signature

Financial Aid Signature

OKLAHOMA PANHANDLE STATE UNIVERSITY OPSU

\_\_\_\_\_  
Name of State Agency, Authority, Commission, Department or Institution

\_\_\_\_\_  
Address, City and Zip Code Agency, Authority, Commission, Department or Institution

\_\_\_\_\_  
Print Name of State officer or Employee (Affiant)

**LOYALTY OATH**  
(51 O.S., 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

\_\_\_\_\_  
(Here put **name of office**, or, if an employee, insert "An Employee of\_\_\_\_" followed by the **complete designation** of the employing officer, agency, authority, commission, department or institution.)

\_\_\_\_\_  
**Signature of Affiant**

State of OKLAHOMA

County of TEXAS

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.

Print name of person taking the oath

(Seal, if any)

\_\_\_\_\_  
**Signature of Notary Public**, or other officer  
authorized to administer oaths or  
affirmations.

\_\_\_\_\_  
Title and Rank (if other than a Notary Public)

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>		<b>AND</b>
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  3. School ID card with a photograph  4. Voter's registration card  5. U.S. Military card or draft record  6. Military dependent's ID card  7. U.S. Coast Guard Merchant Mariner Card  8. Native American tribal document  9. Driver's license issued by a Canadian government authority  <b>For persons under age 18 who are unable to present a document listed above:</b>  10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH OHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary 1-551 stamp or temporary 1-551 printed notation on a machine-readable immigrant visa		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form 1-766)		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and <b>b.</b> Form 1-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Citizen ID Card (Form 1-197)
		6. Identification Card for Use of Resident Citizen in the United States (Form 1-179)
		7. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form 1-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**