



SAINT MICHAEL'S COLLEGE

GRANT WORK AUTHORIZATION

Name _____ Are you a student at SMC? Yes _ No _

Knight Card # _____ (Students and others that already have an SMC ID)

Are you currently working for Saint Michael's College as an hourly employee, on a Work-Study award, or on a departmental 030 Agreement? Yes _____ No _____ If Yes, Department _____
(The total hours for all timesheets added together may not exceed 40 hours in one weekly period (from Sunday to Saturday).)

If you are not currently working for SMC, have you worked here in the past? Yes _____ No _____

I completed an I-9 to prove my identity and U.S. work authorization with Human Resources. Yes _____

I have completed a W-4 for Tax Withholding. Yes _____

ADDITIONAL CHECKLIST FOR GRANT WORKERS WHO ARE NOT STUDENTS AT SMC

I have completed an Employee Declaration of Health Care Coverage. Yes _____

I have completed Preventing Discrimination and Harassment Training. Yes _____

You are not authorized to start working until you have completed these forms and the PI has received confirmation from the Staff Accountant that paperwork is in order!

Grant Name _____

G/L Number to be charged _____

Date this authorization becomes effective _____ Date authorization ends _____

Grant Payment "Not To Exceed" Amount \$ _____ Hourly Rate \$ _____

All timesheets are due every two weeks and need to be checked, signed and dated by employee and Principal Investigator, and received in the Human Resources office no later than Monday at noon according to the payroll schedule published on the HR Forms Page.

www.smcvt.edu/humanresources

Employee's Signature _____ Date Signed _____

Principal Investigator's Name Printed _____

Principal Investigator's Signature _____ Date Signed _____
(You will receive an email confirmation from Staff Accountant that all paperwork is in order and work can begin.)

Staff Accountant's Signature _____ Date Signed _____