

ORAL ROBERTS UNIVERSITY STUDENT EMPLOYMENT SUMMER WORK AND HOUSING ACKNOWLEDGMENT

Name:			ent Z#:	
Last	First	Middle Initial		
CPO / Local Address:	CPO or house # and street name	City	State	Zip
Daytime Phone:				
in order for me to receive If the 360 is met within the cannot be pro-rated due to emergencies, documented	t I must work a total of 360 ho free summer housing. I under the specified time frame free hou o missions, coursework or any of severe illness in a family mental must be petitioned in writing). S	stand that this is an ave using will continue unti other student commitmenter or death in the imm	rage of 30 hours of wall August 10, 2013. The ent (documented mediate family, being	ork a week. This program ical the only
	hours I can work in a single w manager and <u>must be approved</u>		nours unless otherwis	e authorized
My failure to meet these of	conditions will result in housing	g charges being posted	to my account for the	summer.
of my yearly earnings on mapplicable state or federal twithholdings on my W-4 for housing waiver will not be a Security Tax & Medicare T students are always FICA e	ner housing waiver is a taxable bey W-2 form for the current fiscal axes that summer housing may it is mon line six to possibly offset a reflected on my bi-weekly payche fax) exempt only for the period of exempt. The criteria for receiving free some content of the criteria for receiving free content of the criteria for the criteria	year. I also understand neur. I am aware of the ny additional taxes incured to the law and the form the work in which I am atte	that I am personally li option of adding addit rred by free housing. To at as a student I am FIC ending class full-time.	able for any ional Taxes for the CA (Social International
	ny time off this summer betw ves, when			13?
	cs, when			
☐ All hours for the 360 ☐ My department cannot	program for this student can be of provide the full 360 hours to r this student this summer:	e met in my department this student, an addition		
Manager's Signature: _			Date:	
Career Services – OFFICI	E USE ONLY			
Employed Cost Ctr(s)/Org C	Codes: Department Name	Hiring Manager	Date Dept.	Notified
Cost Ctr./Org. Code #1				
Cost Ctr./Org. Code #2			<u> </u>	
Date Received by Career Se	ervices:			