

ORAL ROBERTS UNIVERSITY STUDENT EMPLOYMENT SUMMER WORK AND HOUSING ACKNOWLEDGMENT

Name:	Student Z#:			
Last	First	Middle Initial		
CPO / Local Address:				
CI	PO or house # and street name	City	State	Zip
Daytime Phone:	-			
I hereby acknowledge that I mu 2011 in order for me to receive week. If the 360 is met within the	free summer housing. I	understand that this i	s an average of 30 hou	rs of work a
The maximum number of hours authorized by the department ar			0 hours unless otherwi	ise
My failure to meet these conditi	ions will result in housin	g charges being post	ed to my account for th	ne summer.
I understand that my summer is appear as part of my yearly ear personally liable for any application of adding additional wit incurred by free housing. Taxiam also aware that as a studen which I am attending class. In	rnings on my W-2 form cable state or federal tax hholdings on my W-4 fo es for the housing waive t I am FICA (Social Sec	for the current fiscal es that summer hous orm on line six to pos er <u>will not</u> be reflecte curity Tax) exempt o	year. I also understa sing may incur. I am o ssibly offset any additi d on my bi-weekly pay nly for the period of w	nd that I am aware of the onal taxes ochecks. I
I understand and accept the cre Roberts University.	iteria for receiving free	summer housing thr	ough student employn	nent at Oral
Student's Signature:			Date:	
<u>Career Services – OFFICE USE</u>	ONLY			
Employed Cost Center(s):	<u>Department</u>	Name	Date of Departmen	nt Notification
Cost Center #1				
Cost Center #2				
Date Received by Career Services:	:			