



Student Employment  
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## Student Employee Compliance Agreement

Student Name \_\_\_\_\_ Univ. ID # \_\_\_\_\_  
(Last name, First name, Middle)

### Statement of Selective Service Registration Status

- I certify that I am registered with Selective Service.
- I certify that I am not required to be registered with Selective Service because:
  - I am female
  - I am in the armed forces on active duty  
(Does not apply to members of the Reserves and National Guard not on active duty)
  - I have not reached my 18<sup>th</sup> birthday
  - I was born before 1960
  - I am a Citizen of Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia
  - I am a noncitizen who first entered the U.S. after I turned 26
  - I am in the United States as a lawful non-immigrant on a student or visitor visa.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Statement of Student Loan Default Status

I certify that I am not in default on repayment of any educational loan from the State of Illinois or from any other public funds made for the purpose of financing my education, including Title IV student loans.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Employment Certification

The Illinois Computer Crime Prevention Law makes unauthorized computer use a criminal offense. Consult your employee handbook or policy manual, the graduate or undergraduate catalogs, or the fiscal officer handbook for a summary of the law. I understand that in order to be eligible for (or continue) student employment, I must be enrolled in classes at SIUE. I agree to enroll for and maintain at least the minimum enrollment requirements each term I work at SIUE. I further understand that I am required to maintain Satisfactory Academic Progress as a condition of continuing student employment. I will work only during the time(s) when I am not scheduled to be in classes and agree to regularly provide my class schedule and enrollment information to my supervisor when requested to do so. I certify that the above biographical and academic information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Affordable Care Act Notice

I certify that I have received information regarding the Patient Protection and Affordable Care Act (PPACA) and the Health Insurance Marketplace.

Signature \_\_\_\_\_ Date \_\_\_\_\_