

Position Number: _____

Departmental Request For Student Wage Employment

(Please Type)

Date: _____
MM/DD/YY

NAME: _____ I.D. # _____ S.S.# _____
LAST FIRST MIDDLE

PERIOD OF EMPLOYMENT: FROM _____ TO _____
MM/DD/YY MM/DD/YY

BUDGET CODE: OPERATING _____ GRANTS _____

SUPERVISOR: _____ DEPARTMENT: _____

APPROVER: _____

NATURE OF WORK TO BE PERFORMED:

COMMENTS: _____

_____ X _____ = \$ _____
HOURS REQUESTED RATE ESTIMATED COST

REQUESTED BY:

APPROVED BY:

PLEASE READ CAREFULLY

IT IS THE RESPONSIBILITY OF THE SUPERVISOR TO MONITOR THE HOURS A STUDENT WORKS. **NO** STUDENT SHOULD EXCEED AUTHORIZED HOURS. IF A STUDENT OVERWORKS, IT IS THE **RESPONSIBILITY OF THE SUPERVISOR** TO PAY THE STUDENT FOR HOURS OVERWORKED.

GRANT ADMINISTRATOR DATE

ASSOCIATE VP, BUDGET/PLANNING DATE

SFA/SCHOLARSHIPS ADMINISTRATOR DATE

DENIED BY:

NAME DATE

TITLE

DEAN (IF REQUIRED) DATE

VICE PRESIDENT (IF REQUIRED) DATE

NAME

TITLE

NOTE: REQUEST SHOULD BE INITIATED AT LEAST TWO WEEKS PRIOR TO PERIOD OF EMPLOYMENT.

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