

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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