

Departmental Request for Student Wage Employment
(Please Type)

Date: _____
MM/DD/YY

Name: _____ ID# _____ S.S # _____
Last First Middle

Period of Employment: From _____ To _____
MM/DD/YY MM/DD/YY

Budget Eight Digits: Operating _____ Grants _____

Supervisor (PI): _____ Department: _____

Timesheet Approver: _____

Nature of Work to be Performed:

Comments: _____

_____ X _____ = \$ _____
Hours Requested Rate Estimated Cost

REQUEST 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 over worked.

Supervisor (PI) Name and Title: _____ Date: _____

APPROVED BY:

_____ Date: _____

Dean/Dept Head

_____ Date: _____

Vice President

_____ Date: _____

Grants and Contracts

_____ Date: _____

Associate VP, Budget and Planning

_____ Date: _____

Student Financial Aid/Scholarships

Note: Request should be initiated at least two weeks prior to period of employment.

Timesheet should be attached signed by Student and Supervisor.