

Student Employment
use only
OLTFER _____
OLTSAB _____
OLTSHA _____



STUDENT EMPLOYEE REQUEST FORM

Approver:

(For Office Use Only)

DATE REQUEST SUBMITTED:

DEPARTMENT:

LOCATION *(directions appreciated):*

PRIMARY SUPERVISOR:

PHONE EXTENSION:

TIME SHEET APPROVER:

PHONE EXTENSION:

REQUEST MADE BY *(if different from above):*

PHONE EXTENSION:

STUDENTS MAY CONTACT YOU BY: EMAIL

PHONE

(Per Federal regulations, International Students are limited to 20 hours per week FALL/SPRING)

JOB TITLE:

APPROX. HOURS/WEEK:

ESSENTIAL JOB FUNCTION(S):

NECESSARY SKILLS & QUALIFICATIONS:

DAYS NEEDED:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

BEGINNING DATE:

ENDING DATE:

SPECIFIC TIMES NEEDED:

REQUEST FOR SPECIFIC STUDENT(S)

Please enter **Last Name, First Name** -----CWID required

NAME:

CWID:

NAME:

CWID:

NAME:

CWID:

REIMBURSEMENT INFORMATION

FUNDING SOURCE REQUESTED:

Federal Work-Study

Institutional Work-Study *(funding must be pre-authorized by HR)*

Departmental/Term funding

Banner ORG# _____ FUND# _____ Acct# **6151**

Banner ORG & FUND Numbers MUST be completed before submission

RATE OF PAY REQUESTED FOR THIS POSITION (min. wage = \$7.25 per hour):

TOTAL FUNDING NEEDED FOR THIS POSITION:

RATIONALE TO PAY ABOVE MINIMUM WAGE *(if applicable):*

Approved by Student Employment Department: _____ Date: ____/____/____

Submit this form to Jan Stovall in the Student Financial Services Offices or through Sharepoint.

*Due to privacy regulations, please **DO NOT** submit this form via email or fax.*

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