



# TENNESSEE STATE UNIVERSITY

## REQUEST FOR WORK-AID STUDENT SERVICES

Student's Name:			ID#: T		
Last	First	MI			
Account Name:					
Fund:	Org.:	Account:	Program:		
Position #:			Object Code: <b>61400</b>		
Number of Hours:		per (Week / Month) <small>circle one</small>	Total (Employment Duration) Hours:		
Rate of Pay Per Hour:				Total Amount:	
Beginning Date:				Ending Date:	
Student Academic Classification:	FR	SO	JR	SR	Grad
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Student Major:		
Description of Service:					

### STATEMENT OF UNDERSTANDING

I understand that this work assignment will not interfere with my primary responsibilities as a student and will not exceed a total of twenty (20) hours per week for all work-aide assignments. This is a temporary assignment as a student worker. I also understand I will not begin work until completion of all required paperwork in the Office of Human Resources. Failure to comply may result in late payments.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### DIVISION APPROVALS

I understand that these are budgeted positions, funded by the departments, and that students **cannot** be classified as work study and work aide at the same time.

Supervisor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Department Head:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dean or Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Vice President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OTHER APPROVALS

Grants Accounting

\_\_\_\_\_  
Date

Budget and Fiscal Planning

\_\_\_\_\_  
Date