



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: **61400**

Number of Hours: _____ per (Week / Month) circle one Total (Employment Duration) Hours: _____

Rate of Pay Per Hour: _____ Total Amount: _____

Beginning Date: _____ Ending Date: _____

Student Academic Classification: _____ FR SO JR SR Grad 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 _____