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:

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

Human Resources Use Only
Reviewed By: _____ Date: _____
Revised 9/2009