



# 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:			Total (Employment Duration) Hours:		
per (Week / Month)					
circle one					
Rate of Pay Per Hour:			Total Amount:		
Beginning Date:			Ending Date:		
Student Academic Classification:		FR SO JR SR Grad		Student Major:	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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