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**FEDERAL WORK-STUDY REQUEST FORM**

***Obtain signatures for exceptions (wage & summer hours) prior to submitting form to Student Payroll Office.***

Please complete this form in entirety and return to Student Payroll Office.

Students cannot begin working without approval from Student Payroll Office.

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requesting Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Account Number: \_\_\_430-35001-2115-51501\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of Employee Student ID Number Date of birth**

**Male\_\_\_\_\_ Female\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/hour**

**Job Title Title Code \*Compensation**

# Pay rate exception: $\_\_\_\_\_\_\_\_\_/hour

## Summer hour exception: \_\_\_\_\_\_\_\_\_\_hours per week

**EXECUTIVE VP FOR ADMINISTRATION AND FINANCE MUST AUTHORIZE ALL PAY RATE AND HOURLY EXCEPTIONS**

# Signature of EXEC VP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:**

 New

 Rehire

**Hours:** 24 hours weekly maximum during fall and spring semesters (unless pre-authorized by Executive VP for Administration and Finance) W/C Code: 8869

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Department Signature (Director)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Work Coordinator Date**