



ROGERS STATE UNIVERSITY

NON WORK-STUDY REQUEST FORM

Please complete this form in entirety and return to Human Resources.

STUDENTS CANNOT BEGIN WORKING WITHOUT APPROVAL FROM HUMAN RESOURCES.

Date of Request: _____

Requesting Department: _____

Requested Start Date: _____

Budget Account Number: _____

NAME OF EMPLOYEE

Student ID Number

Date of birth

Job Title

Org Position

_____/hour
*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)

Human Resources

Date