

**Arkansas Tech University
Request/Assignment for Student Employment**

Last Name: _____ First Name: _____ M: _____

T#: _____ Social Security #: _____

***WS Requested Earnings: \$ _____ ***NWS: \$ _____

*****Is THIS PERSON ENROLLED IN THE GRADUATE COLLEGE PROGRAM? — YES — NO Is THIS PERSON ON A GRADUATE ASSISTANTSHIP? — YES — NO IF YES, HE/SHE WILL NEED TO CONTACT THE GRADUATE OFFICE PRIOR TO WORKING FOR APPROVAL. COMBINED HOURS MAY NOT EXCEED 40 HOURS PER WEEK.**

Graduate College Approval: _____

Beginning Date: _____ Ending date: _____

*Others \$: _____ (Special Rate) Signature (V.P. Admin/Finance): _____

** S.S. FELLOWSHIP (\$8.00) ** SIGNATURE (V.P. ACADEMIC AFFAIRS): _____

Budget Name: _____ Building/Room #: _____

Banner Position #: _____ Index Code: _____

Supervisor/Electronic Timesheet Approver: _____

Purpose of Job: _____

Duties & Responsibilities: _____

Job Qualifications: _____

DEPARTMENTS ARE RESPONSIBLE FOR STAYING WITHIN STUDENT LABOR BUDGET AND FOR ANY OVERAGES THAT MAY OCCUR.

Supervisor's Signature

Dean's Signature (if required by Dean)

OFFICE USE ONLY

STUDENT ASSIGNMENT IS APPROVED AS REQUESTED. STUDENT'S MAXIMUM EARNINGS:

\$ _____ SIGNATURE: _____ DATE: _____

HR APPROVAL: _____

THIS SECTION MUST BE COMPLETED IF THE STUDENT IS NO LONGER EMPLOYED IN YOUR DEPARTMENT.

PART II TERMINATION OF ASSIGNMENT

Please terminate this assignment effective (*last date of work*): _____

Termination of employment: Reason- _____; or End of Assignment- _____

Supervisor's Signature: _____