

ARKANSAS TECH UNIVERSITY
FINANCIAL AID OFFICE
Request/Assignment for Student Employment

I.

Name _____ SS# _____

June only _____ hrs/wk
\$ _____ max earnings

Fall semester _____ hrs/wk
\$ _____ max earnings

1st summer term _____ hrs/wk
\$ _____ max earnings

Spring semester _____ hrs/wk
\$ _____ max earnings

2nd summer term _____ hrs/wk
\$ _____ max earnings

Fall & Spring sem. _____ hrs/wk
\$ _____ max earnings

Beginning date: _____ Ending: _____ WS__ NWS__ \$6.25__

*OTHER \$ _____ (SPECIAL RATE) SIGNATURE (V.P.ADMIN/FINANCE) _____

**S.S.FELLOWSHIP (\$7.00) **SIGNATURE (V.P. ACADEMIC AFFAIRS) _____

Budget Title: _____ Position # _____

Supervisor: _____ Department: _____
(if different from budget title)

Purpose of Job _____

Duties & Responsibilities _____

Job Qualifications _____

Supervisor's signature

Dean's signature (if required by Dean)

FINANCIAL AID OFFICE USE ONLY

Student's assignment is approved as requested. Student's maximum earnings are

\$ _____ Signature: _____ Date _____

CC: PLEASE PRINT YOUR NAME AND BUILDING

SUPERVISOR'S NAME _____ BUILDING _____

PART II INCREASE/DECREASE

Please INCREASE/DECREASE this assignment effective DATE _____

_____total hrs per week \$ _____maximum earnings

Comments _____

Supervisor's Signature _____ Date _____

ADJUSTED MAX EARNINGS \$ _____ APPROVED _____

Additional INCREASE/DECREASE effective DATE _____

_____total hrs per week \$ _____maximum earnings

Comments _____

Supervisor's Signature _____ Date _____

ADJUSTED MAX EARNINGS \$ _____ APPROVED _____

PART III TERMINATION OF ASSIGNMENT (ATTACH FINAL TIME /SHEET)

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

Reason for termination: _____

Comments _____

Supervisor's Signature: _____

FINAL MAXIMUM EARNINGS \$ _____ APPROVED _____