

Arkansas Tech University Request/Assignment for Student Employment

Last Name: _____ First Name: _____ Middle: _____

T#: _____ Estimated hours worked per week: _____

Work-Study Requested Earnings: \$ _____ Non Work-Study Requested Earnings: \$ _____

****A STUDENT WORKER'S COMBINED HOURS FOR THE UNIVERSITY MAY NOT EXCEED AN AVERAGE OF 28 HOURS PER WEEK. ****

- Is this person employed in any other position for the University? Yes No
If yes, what department: _____
- 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 for approval prior to working (signature below).

Graduate College Approval: _____

First day of work for pay: _____ Last day of work for pay: _____

Pay Rate (required) \$: _____ Signature (HR Executive): _____

ANYTHING WITH THE RATE OF PAY THAT IS HIGHER THAN \$11 PER HOUR WILL NEED TO BE
ACCOMPANIED BY JUSTIFICATION FOR THE ELEVATED PAY RATE

Budget Name: _____ Index Code: _____ Banner Position #: _____

Supervisor/Electronic Timesheet Approver Name, Phone Number, Email: _____

Purpose of Job & Qualifications: _____

Duties & Responsibilities: _____

*** DEPARTMENT HEADS AND DIRECTORS ARE RESPONSIBLE FOR ALL EXPENDITURES MADE FROM THEIR BUDGETS. DEPARTMENT HEADS AND DIRECTORS WILL BE GIVEN ACCESS TO VIEW ALL STUDENT LABOR TIMESHEETS THAT ARE PAID FROM POSITIONS WITHIN THEIR BUDGET. ***

Designated Supervisor's Printed Name Department Head, Dean, or Director's Printed Name – (Required)

Designated Supervisor's Signature Department Head, Dean, or Director's Signature - (Required)

FINANCIAL AID USE ONLY

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

\$ _____ SIGNATURE: _____ DATE: _____

HUMAN RESOURCES USE ONLY

Banner: _____ Background Check: _____ HR APPROVAL: _____

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

***** If your department is anticipating the student to return the next semester, do not complete this section. *****

PART II TERMINATION OF ASSIGNMENT

Please terminate this assignment effective (physical last day of work): _____

Termination of employment reason- _____

Supervisor's Signature: _____