

Arkansas Tech University Request/Assignment for Student Employment

Last Name: _____ First Name: _____ M: _____

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 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: _____

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

* S.S. FELLOWSHIP (\$10.25) ** SIGNATURE (V.P. ACADEMIC AFFAIRS): _____

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

Building/Room #: _____ Supervisor/Electronic Timesheet Approver: _____

Supervisor phone #: _____ Assignment Notification Email Address: _____

Purpose of Job & Qualifications: _____

Duties & Responsibilities: _____

*** DEPARTMENT HEADS ARE RESPONSIBLE FOR ALL EXPENDITURES MADE FROM THEIR BUDGETS. DEPARTMENT HEADS 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 or Dean's Printed Name – (Required)

Designated Supervisor's Signature

Department Head or Dean's Signature - (Required)

OFFICE USE ONLY

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

\$ _____ SIGNATURE: _____ DATE: _____

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: _____