

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M: \_\_\_\_\_

T#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

\*\*\*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.*

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 (\$8.00) \*\* SIGNATURE (V.P. ACADEMIC AFFAIRS): \_\_\_\_\_

Budget Name: \_\_\_\_\_ Index Code: \_\_\_\_\_ Banner Position #: \_\_\_\_\_

Building/Room #: \_\_\_\_\_ Supervisor/Electronic Timesheet Approver: \_\_\_\_\_

Supervisor phone #: \_\_\_\_\_ Assignment Notification Email Address: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Purpose of Job & Qualifications: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\*\*\*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.

**\*\*\*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 (last day of work): \_\_\_\_\_

Termination of employment: Reason- \_\_\_\_\_; or End of Assignment- \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_