Arkansas Tech University Request/Assignment for Student Employment

Last Name:	First Name:	M:
ſ#:	Estimated hours wo	rked per week:
Work-Study Requested Earnings: \$	*Non Work-Study	Requested Earnings: \$
**A STUDENT WORKER'S COMBINED HOURS FOR	THE UNIVERSITY MAY NOT EXCEED 28 HOUR	RS PER WEEK. **
	College Program? Yes	
Graduate College Approval:		
First day of work for pay:	Last day of w	ork for pay:
*Others \$:(Spe	ecial Rate) Signature (V.P. Admin	/Finance):
* S.S. FELLOWSHIP (\$10.25) ** SIGNATURE	(V.P. ACADEMIC AFFAIRS):	
Budget Name: Ind	lex Code:	Banner Position #:
Building/Room #:	Supervisor/Electronic Timesh	neet Approver:
Supervisor phone #:	Assignment Notification Email	Address:
Purpose of Job & Qualifications:		
Duties & Responsibilities:		
*** DEPARTMENT HEADS ARE RESPONSIBLE FOR ALL EX TIMESHEETS THAT ARE PAID FROM POSITIONS WITHIN TH		RTMENT HEADS WILL BE GIVEN ACCESS TO VIEW ALL STUDENT LABOR
Designated Supervisor's Printed Name	e Depa	rtment Head or Dean's Printed Name – (Required
Designated Supervisor's Signature	Depa	rtment Head or Dean's Signature - (Required)
	OFFICE USE ONLY	
STUDENT ASSIGNMENT IS APPROVED AS RE	QUESTED. STUDENT'S MAXIMUM EARNI	NGS:
SIGN/	ATURE:	DATE:
		PPROVAL:
THIS SECTION MUST BE CO	MPLETED IF THE STUDENT IS NO LON	<u>GER EMPLOYED</u> IN YOUR DEPARTMENT. (t semester, do not complete this section. ***
PART II TERMINATION OF ASSIGNMEN	-	
Please terminate this assignment effectiv	e (physical last day of work):	
Termination of employment: Reason-		
Supervisor's Signature:		