

**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 (\$9.50) \*\* 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: \_\_\_\_\_