

**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.

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 (\$9.00) \*\* 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- \_\_\_\_\_

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