

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: _____

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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 (**last day of work**): _____

Termination of employment: Reason- _____

Supervisor's Signature: _____