



Institutional Application for Campus Employment

TO BE COMPLETED BY THE STUDENT ONLY

Instructions to Student:

It is important that you complete each item accurately and completely, paying particular attention to the following.

- a. All information should be typed or printed*
- b. Must give full name*
- c. Must give social security number*
- d. Must give a complete local mailing address.*

Name of Applicant		
Last Name _____		
First Name _____	Middle _____	
S.S. Number _____		

Local Address		
Street _____		
City _____	State _____	Zip _____
Local Phone _____		

Applicant Name _____ S.S. Number _____

TO BE COMPLETED BY THE SUPERVISOR/DEPT. ONLY

Instructions to the Department Head/Supervisor: In order to ensure that the student employee is properly added to the payroll you must complete each item requested in this section. The student employee is only authorized to begin work after official notice is given by the Financial Aid Office. Departments will be notified by a written notice. If you wish to extend a student's employment beyond that period originally requested and approved you must submit a new application on the student.

Name of Department student is to work in _____ Ext. _____

Department or Restricted number to be charged: _____

PLEASE CIRCLE THE SECTION(S) THE STUDENT IS TO WORK AND LIST MAXIMUM NUMBER OF HOURS PER WEEK

Spring Break Summer Summer Break Fall Fall Break Spring
 Hours _____ Hours _____ Hours _____ Hours _____ Hours _____ Hours _____

Rate of Pay _____ Total Amount to be earned for period is _____

Date _____ Signature of Department Head/Supervisor _____

AFTER COMPLETING THIS SECTION THE APPLICATION MUST BE FORWARDED TO THE BUSINESS AFFAIRS OFFICE FOR APPROVAL. NOTE: The student works for only the term(s) indicated above.

TO BE COMPLETED BY THE BUSINESS AFFAIRS OFFICE

Instructions to the Business Office: In the event this application is disapproved please indicate the reason for disapproval and return to the department originating the request. If the department has not provided the necessary information needed to determine whether the request can be approved you should return the application to the department, stating what additional information is needed in order to continue processing.

Approved or Disapproved Reason for Disapproval _____

Date _____ Signature of Business Officer _____

TO BE COMPLETED BY THE FINANCIAL AID OFFICE ONLY

Folder Number _____ No Folder (IWP only) Initials/Date _____

Slips _____ 19 _____ W4 _____ SAM _____ / _____

	Spring Break	Summer	Summer Break	Fall	Fall Break	Spring
Number of Hours						
Rate of Pay						
Date and FAO Initials						
Dept. assigned Dept. charged						