



## Student Employment Budget Category 57030

In order to process this form please provide ALL necessary information and required signatures. After Section A & B have been completed please bring this form along with other documentation (if necessary) to Human Resources located on the Ground Floor of the David L. Lawrence Administration Center.

### Section A: To be completed by student and supervisor.

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Department Name: \_\_\_\_\_ Banner Dept. #: \_\_\_\_\_

Has the student been hired in a Work-Study position for the academic year? \_\_\_\_\_ yes \_\_\_\_\_ no

\*Start Date (Month/Day/Year): \_\_\_\_\_ Rate: \_\_\_\_\_

Supervisor's Signature & ID# : \_\_\_\_\_ Date: \_\_\_\_\_

***\*Vice-President Signature required if hourly rate exceeds minimum wage.\****

Vice President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If Student is being paid via Stipend/Grant or One-Time Pay please check this box and indicate amount on rate line above*

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### Section B: To be completed by Student Financial Services.

Were Work-Study funds awarded? \_\_\_\_\_ yes \_\_\_\_\_ no

If terminated from FWS, date of termination: \_\_\_\_\_

SFS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Start date should reflect the exact date of employment not the first day of the semester.*