N I C H O L L S S T A T E U N I V E R S I T Y

Request for Student Employment Authorization Form

Complete this form to request any form of student employment.

Name:_____ Campus ID:_____

Address:_____
Mailing Address City State Zip Code

Phone Number: _____Hours currently enrolled:_____

Assistant Financial Aid Director:

The individual identified above should be appointed as a **student employee** with the title:_____

for the period beginning:_____ and ending:_____ and shall perform the

following duties: _____

_____

Payment for performance of the foregoing described duties will be $_____ per _____ which is to be paid

from the department of _____

from fund |___|___|___|___|___|___| org|___|___|___|___|___|___| account |___|___|___|___|___|___|program|___|___|___|___|__|__|.

The maximum number of hours allowed to work per week will be:_____ . Student is a U.S. citizen: _____ yes _____ no.

The student will be working under the direct supervision of _____ who may be reached

at phone number _____; the student will report to _____.
Building Room

Student is an immediate relative of a faculty/staff member in this department: _____yes _____ no.

_____ _____ _____
Signature of Department Head **Date** **Extension**

Forward completed form to the Student Employment Office to obtain authorization for Student Employment Appointment. Upon proper authorization, student must complete necessary documentation in the Student Employment Office before work shall begin.

Budget Organization Legend	
621315	University – Intermittent
631320	University – Student Emp Account
631330	Federal Work-study

Office Use Only		
FOAPAL	Amount	Initials

Revised 11/2009