

# 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**

\_\_\_\_\_  
**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 Account Legend	
621315	University – Intermittent
631320	University – Student Emp Account
631330	Federal Work-study

Office Use Only		
FOAPAL	Amount	Initials