Request to Change End Date

Use this form to extend a student’s current assignment or to terminate an assignment prior to the originally requested end date.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Student Name: _______________________  SID: ____________________

Job Group:   circle one     SG (GA)          SF(FWS)          SU(UWS)

Budget Organization Code __ __ __ __ __  - __ __ __ __  (SG=6140, SF=6141, SU=6139)

Position Number:  ___ ___ ___ ___ ___ ___

Old End Date:         ___ ___ / ___ ___ / ___ ___ ___ ___

New End Date:       ___ ___ / ___ ___ / ___ ___ ___ ___

Comments:
___________________________________________________________________
___________________________________________________________________

AUTHORIZATION: I request that this student’s work study assignment be changed as noted on this form.

Funds are available in my department’s work study budget to accommodate this request.

Department: ________________ Phone:___________ Timesheet Approver Signature: _____________________

Cost Center Head Signature: _______________________________   Date: _________________

HR APPROVAL: _______________________   _______________     COMMENT: _____________________________________

RETURN FORM TO: HR – Student Employment - UNA Box 5043- Bibb Graves Room 226