Request to Hire a Temporary Student Employee

Hiring Department: _______________________

Supervisor: _____________________________

Job Group: circle one (FWS) (UWS)

Number of Students Requested: ________________________

Budget Organization Number : ________________________

Student’s Name: ____________________________

Position Begin Date:    __ __ / __ __ / __ __ __ __

Position End Date:       __ __/ __ __/ __ __ __ __

Rate of pay: __________     Total number of months employed __________

Brief Job Description & Skills Needed: ______________________________________
_____________________________________________________________________
_____________________________________________________________________

Desired Work Schedule and Hours :________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

Funds are available in my department to accommodate this request.

Department_________________________ Supervisor/Timesheet Approver ________________________________

Cost Head Signature ________________________ UNA Box and Phone _________________________________________

STUDENT EMPLOYMENT___________________________ DATE _______________ COMMENT: _____________________

Return to UNA Box 5043 or Bibb Graves, Room 226