

In order to streamline the process and prevent delay in hiring, please complete form in its entirety
Please Note: Students may only begin working *after* the department receives approval from Student Employment

SECTION 1: STUDENT ELIGIBILITY

Please confirm each statement below by checking the boxes: (both statements must be true)

This student is a former employee and is returning to the same position following an inactive period
The break in employment did not exceed one semester

SECTION 2: STUDENT INFORMATION

Student's Name _____
800 Number _____
Hire Date _____ Pay Rate _____
Job Title _____ Position # (if known) _____

SECTION 3: EMPLOYER INFORMATION

Department _____ Box# _____
Supervisor _____ Account# _____
Email _____ Date _____
Signature of authorized employing official _____

A copy of this form will be returned to the department with approval indicated

Student Employment Use Only

Hold _____ Credits _____ Financially Clear _____ Mailing Address _____

Citizen _____ Class _____ SECA _____ FWS _____ SAP _____

Approved Denied _____

Student Employment Authorization _____ Date _____

| CLASS | SUFFIX | POSITION # | WAGE | EFFECTIVE DATE |
|-------|--------|------------|------|----------------|
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