

**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 \_\_\_\_\_

**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 |
|-------|--------|------------|------|----------------|
|       |        |            |      |                |