

OFFICE OF STUDENT FINANCIAL AID INTRUCTIONS

This contract is to be completed by the department representative. All four copies are to be sent to the Office of Student Employment. Departments will have the yellow copy returned to them when authorization is affected by this office.

White Copy – Payroll Pink Copy – Student Employment Yellow Copy – Fiscal Officer/Supervisor Gold Copy – Student Aide

OFFICE OF STUDENT EMPLOYMENT STUDENT EMPLOYMENT HIRING CONTRACT

Last Name	First Name		Middle Initial	University ID Number (UID)		
Street Address	Ci	ty County	State	Zip	For Office Use Only	
CHECK APPROPRIATE BOXES					Maximum Hours	_/wk
Student's First Contract	Undergraduate	Graduate	W-4 attached	W-4 on file	Revision	
Change in Source Payment	Change in Rate of I	Pay Change in Name	IL W-4 attached	IL W-4 on file	Reduction	
Change of Address	Change of Address Position Reclassification				Hours/Pay Period	
Fund Organization Account Program		Position Title and Number		Level	Award Amount	Rate of Pay /hr
Department Account Numb	ber	Effective Date	Τε	rmination Date		
Fiscal Officer (Print & Sign) Date					Budget (Sign)	Grant (Sign)
Student (Print & Sign)				Date	Supervisor (Print &Sign)	Date
Grants - Webtime Entry Approver (Print & Sign) Date					Office of Student Employment (Sign) Date	