

Student Worker Request/Approval From			
Part I: Semester			
Fall	Spring	Summer	
Part II: Student Information			
1. Student Name: _____			
2. Student ID: _____			
Part III: Assignment Information			
1. Assigned Position: _____			
2. First Work Day: _____			
3. Hours per Week (19 Max) _____			
4. Assigned Supervisor: _____			
Part IV: Departmental Approvals			
_____ <i>Immediate Supervisor or Department Head</i>		_____ <i>Date</i>	
_____ <i>College Dean or VP</i>		_____ <i>Date</i>	
Part V: Career Development Approvals			
<i>The student meets the following eligibility requirements:</i>			
Good Standing:	Yes	No	
Course of Study:	Yes	No	
Minimum Six (6) Credit Hours:	Yes	No, Final Semester	No, Summer Semester
Student Employment Type:	Federal Work Study	Institutional Work Study	
_____ <i>Career Development</i>		_____ <i>Date</i>	
Part IV: Financial Approvals			
_____ <i>Business Manager</i>		_____ <i>Date</i>	

**Student worker status is determined per semester. Approval request must be submitted for each semester.
 Student worker positions end on the last day of the semester.**