

**Lincoln University**  
**Institutional Work Aid Program 2005-2006**  
**Student Employment Request**  
*Personnel Action Request Form*

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Please complete and submit this form in its entirety to the Office of Student Employment.  
Each section ***must be*** completely filled by the designated office to be processed.

The student must report to the Office of Student Employment to complete the hiring paperwork before he/she can begin working. Student may begin work once approval has been determined by both Budget Office and the Office of Student Employment. **The supervisor should not instruct student to begin working prior to such authorization.** Student may not work during class hours at any point, i.e. student may not work when a class has been cancelled. The supervisor will be notified of the time of which student may begin working, via phone call and/or copy of this form. Supervisor must then instruct student to pick up a work ID from the Office of Student Employment. It will be the sole responsibility of the Supervisor upon receiving copy of this form to notify the student that he/she may begin work. By signing this form the Supervisor and Department Head are accepting the terms and agreements set forth. **Forms not signed and dated by the Department Director/VP/Dean will not be processed.**

**To Be Completed By Hiring Department**

Department: \_\_\_\_\_ Ext: \_\_\_\_\_

Location: \_\_\_\_\_ Dept. Budget Code (i.e. 12-3456) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Depart. Director/VP/Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Employee Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Position Title: \_\_\_\_\_ (**Attach copy of Job Description**)

Weekly Hours: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(maximum of 20 hours per week is allowed; rate of pay is \$6.00, unless otherwise specified)

Total Award Requested: \_\_\_\_\_  
(**will not be processed without this amount filled in**)

Hiring Student for: Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer Session \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(contract remains in effect unless/until student is terminated or funds are consumed)

**To Be Completed by the Business Office**

\_\_\_\_\_ Total Award **Approved** for Institutional Work Aid

\_\_\_\_\_ Total Award **Denied** for Institutional Work Aid

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_

**To Be Completed by the Office of Student Employment**

\_\_\_\_\_ Total Award **Approved** for Institutional Work Aid

\_\_\_\_\_ Total Award **Denied** for Institutional Work Aid

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_