

**WORK STUDY PERSONNEL
APPOINTMENT**

NAME _____ SHIRT SIZE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ TELEPHONE# _____

OF HOURS PER WEEK _____ START DATE _____

HOURLY RATE \$ 10.00 ESTIMATED TOTAL \$ AMOUNT _____

DEPARTMENT _____ SUPERVISOR _____

ACCOUNT# 16-10-007-229 % 25

ACCOUNT # 05-10-007-229 % 75

TITLE _____ STUDENT ASSISTANT _____

WORK STUDY YES _____ NO _____ FEDERAL _____ STATE _____

NEW HIRE _____ RE-HIRE _____

COMMENTS:

RECOMMENDED _____ DATE _____
SUPERVISOR

RECOMMENDED _____ DATE _____
FINANCIAL AID

RECOMMENDED _____ DATE _____
PAYROLL PERSONNEL