

**WORK STUDY PERSONNEL
APPOINTMENT**

NAME _____ SHIRT SIZE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ TELEPHONE# _____

OF HOURS PER WEEK _____ START DATE _____

HOURLY RATE \$ 15.00 ESTIMATED TOTAL \$ _____

AMOUNT DEPARTMENT _____

SUPERVISOR _____

ACCOUNT# 16-10-007-229 % 25

ACCOUNT # 05-10-007-229 % 75 TITLE _____

~~WORK STUDY ASSISTANT~~ NO _____ FEDERAL _____ STATE _____

NEW HIRE _____ RE-HIRE _____

COMMENTS:

RECOMMENDED _____
SUPERVISOR SUPERVISOR ID

RECOMMENDED _____
FINANCIAL AID

RECOMMENDED _____
PAYROLL PERSONNEL