

STUDENT PERSONNEL ACTION FORM

*****CLEARED FOR WORK BY THE PAYROLL OFFICE ON _____ by: initial _____**

SECTION 1 Has this student worked on campus previously? Yes No

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

M # _____ Please select one: DATE OF BIRTH _____

PERMANENT ADDRESS _____

STUDENT JOB TITLE _____ DUTIES _____

DEPARTMENT _____ DEPT ORG/BUDGET NUMBER: _____

Tentative Hire Date _____ (Actual hire date is determined by date cleared for work)

This PAF is to be terminated on _____

This student is approved for jobship and will be paid from budget # _____

This student is approved for the (CWS) College Work Study Program (FIN. AID MUST COMPLETE SECTION 2)

SECTION 2

CWS max hours per week _____ CWS Maximum Earnings _____

FINANCIAL AID SIGNATURE _____

Approved work period for CWS _____ through _____

SECTION 3

******This student's timesheet will be approved by _____**

This student is to be paid hourly at the minimum wage of \$7.25 (Dept Head signature required)

This student is to be paid hourly at \$ _____ per hour (See section 4)

This student is to be paid a flat rate of \$ _____ for # _____ biweekly pay periods (See Section 4)

This student is to be paid one payment of \$ _____ on the next payroll or on _____ (See Section 4)

SECTION 4 Approvals/Signatures

For a student to be paid up to \$2.00 above minimum wage or a flat rate of \$325, Division Head approval is required. For a student to be paid more than \$2.00 above minimum wage or a biweekly flat rate of \$450, Presidential approval is required.

DEPARTMENT HEAD _____ DATE _____

DIVISION HEAD/DEAN _____ DATE _____

PRESIDENT _____ DATE _____