

**WORK STUDY PERSONNEL  
APPOINTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

# OF HOURS PER WEEK \_\_\_\_\_ START DATE \_\_\_\_\_

HOURLY RATE \$ 8.00 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