

STUDENT EMPLOYEE REQUEST FORM

PROFESSOR IN CHARGE: _____ REQUEST DATE: _____

PROJECT NAME OR REASON FOR REQUEST: _____

STUDENT NAME: _____ STUDENT I.D.#: _____

HOURLY RATE OF PAY REQUESTED: \$ _____ /HOUR EST. OF TOTAL PAY: _____

DURATION OF PROJECT/EMPLOYMENT: From: _____ Through: _____

PERSON SUBMITTING REQUEST (PRINT NAME) SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENTAL APPROVAL ONLY

Account Number to charge: _____ Approval Date: _____

Approval Signature: (NOTE: Only one signature is required):

John D. Murphy, Professor & Department Head Date Carolyn Smith, Administrator Date