INSTITUTIONAL STUDENT EMPLOYMENT REQUEST

Enrollment Services, 100 Admissions Center, Morehead, KY 40351

Instructions: Please complete all items.Check "Financial Aid" if the funding for this position is from the allocation made to you by the Financial Aid Office. Check "Original Budget" if the funding for this position is from your original budget as given to you by the Office of Budgets and Management Information.
If money is from an agency fund, attach a check request made payable to MSU for the total amount.

Date: ____/____/____

Department or Program: _____

Student Name: _____

S.S. #: _____-_____-_____ ID#: _____

Funding Source:

☐ **Allocated:**
☐ **Financial Aid**
☐ **Original Budget**

☐ **Restricted:**
☐ **Agency Grant**
☐ **Restricted Grant**

Account Number: _____

Grant Name: _____

Employment Information:

Dates of Employment	No. of Weeks	Hours per Week	Hourly Rate	Total Amount
From ___/___/___ to ___/___/___				

Do not allow any student to begin working until the hiring process has been completed.

Students can only work in one department except for a limited number of tutoring or peer advising positions. If the student is working in either of these positions please provide the following information:

Department name: _____

Dates of Employment: ____/____/____ to ____/____/____

Changes to Student Employment: Only complete this section if you are making changes to a previously submitted request form.

Delete Employment as of ____/____/____

Change hourly rate from _____ to _____ which changes the total award amount to _____

Increase weekly hours from _____ to _____ which changes the total award amount to _____

Decrease weekly hours from _____ to _____ which changes the total award amount to _____

Hiring Supervisor	Financial Aid Approval
	Student is eligible: ☐ YES ☐ NO
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: ____/____/____	Date: _____
Accounting and Budgetary Control	**Budgets and Management Information**
Funds Available: ☐ YES ☐ NO	Approved: ☐ YES ☐ NO
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: ____/____/____	Date: ____/____/____