



STUDENT EMPLOYEE REQUEST FORM

For Office Use Only:

Approver: _____

DATE REQUEST SUBMITTED: _____

DEPARTMENT: _____

LOCATION (*directions appreciated*): _____

PRIMARY SUPERVISOR: _____

PHONE EXTENSION: _____

TIME SHEET APPROVER: _____

PHONE EXTENSION: _____

REQUEST MADE BY (*if different from above*): _____

PHONE EXTENSION: _____

STUDENTS MAY CONTACT YOU BY: EMAIL _____

PHONE _____

(Per Federal regulations, International Students are limited to 20 hours per week FALL/SPRING)

JOB TITLE: _____

APPROX. HOURS/WEEK: _____

ESSENTIAL JOB FUNCTION(S): _____

NECESSARY SKILLS & QUALIFICATIONS: _____

DAYS NEEDED:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

BEGINNING DATE: _____

ENDING DATE: _____

SPECIFIC TIMES NEEDED: _____

REQUEST FOR SPECIFIC STUDENT(S)

Please enter **Last Name, First Name** -----CWID required

NAME: _____

CWID: _____

NAME: _____

CWID: _____

NAME: _____

CWID: _____

REIMBURSEMENT INFORMATION

FUNDING SOURCE REQUESTED:

- Federal Work-Study
- Institutional Work-Study (*funding must be pre-authorized by HR*)
- International Work-Study
- Graduate Assistant, School of
(*must be pre-approved by School*)
- Departmental/Term funding

Banner acct number: _____

(10 digit account number required)

RATE OF PAY REQUESTED FOR THIS POSITION (min. wage = \$7.25 per hour): _____

TOTAL FUNDING NEEDED FOR THIS POSITION: _____

RATIONALE TO PAY ABOVE MINIMUM WAGE (*if applicable*): _____

Approved by Student Employment Department: _____ Date: ____/____/____

Submit this form to Jan Stovall in the Student Financial Services Offices. jstovall@okcu.edu