STUDENT PERSONNEL ACTION FORM

FOR DEPARTMENT/DIVISION USE:

Student Name: Student ID Number

Hiring Department:

Employment Dates: Begin   End

☐

MAXIMUM NUMBER OF WORK HOURS NOT TO EXCEED _____ HRS PER WEEK

FEDERAL WORK STUDY ONLY FOR FINANCIAL AID

This student is: ☐ Eligible   ☐ NOT Eligible

Authorized by Financial Aid

By signing above you are authorizing Human Resources Office
Federal Work Study account

STUDENT ASSISTANT ONLY FOR BUDGET USE

Funds for this position are: ☐ Available   ☐ NOT Available

Position Number:

Budget

Background started