OU LANCASTER STUDENT POSITION HIRING REQUEST

SECTION TO BE COMPLETED BY DEPARTMENT SUPERVISOR

Date: ____________ Hiring Department: ____________________________________________

Planned Term of Assignment: ____________ Number of Hours Worked Per Week: ____________

Job Title: ________________________________________________________________

Name of Proposed Student Assistant: ___________________________ Student ID Number: __________

Qualifications of Candidate:

Description of Duties:

If candidate currently or previously served as a student employee, list

Department Name: __________________________________________________________

Supervisor’s Name: _________________________________________________________

Proposed Hourly Rate: Minimum Wage ☐ Other ☐ How was rate determined? _______________________

Grant Funded: Yes ☐ No ☐ If yes, name of grant: ________________________________________________

Signature of Student Supervisor: _________________________________________________

Printed Name of Student Supervisor: ______________________________________________

SECTION TO BE COMPLETED BY STUDENT SERVICES REPRESENTATIVE

Enrolled: Yes ☐ No ☐ Number of Hours Enrolled: ____________

Is student eligible to work under the Work Study Program? Yes ☐ No ☐

Holds/Restrictions: Yes ☐ No ☐ If yes, what type of hold or restriction? _______________________

Signature of Student Services Staff: ________________________________________________

SECTION TO BE COMPLETED BY BUDGET MANAGER

Adequate Funds Exist in Funding Source: Instruct-Operating Budget ☐ Admin. Dept.-Operating Budget ☐

Signature of Dean: _____________________________________________________________

Form Revised 9/19/2016