

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: _____ Proposed Start Date: _____

Name of Proposed Student Assistant: _____ Student ID Number: _____

Qualifications of Candidate: _____ Student Email: _____

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/ACCOUNTING

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

Signature of Dean: _____