OU LANCASTER STUDENT POSITION HIRING REQUEST

SECTION TO BE COMPLETED BY DEPARTMENT SUPERVISOR

Date: __________ Hireng 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: ____________________________

Form Format Approved: ____________________________ Form Revised 8/21/2019 L 8B1-4A