



Student Employment
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**Recommendation
 for Student
 Employee Status Change**

Student Name _____

University ID _____

Position Title: _____ Position # _____

Status change effective ____/____/____ . If appropriate, suggested pay rate is _____
 (payroll period start date)

Account Name _____ Account # _____

Fiscal Officer _____ Box # _____

Fiscal Officer Signature _____ Date _____

Change due to nature of position (specify):

- Assigned wage rate (Attach memo to explain.)
- Hard to fill position (Attach memo to explain.)
- Supervisory duties (Directs and supervises other student employees.)
- Technical work (Specify): _____
- Graduate student working in related field (Major): _____

Change of Account #:

- Add account # _____
 (Same fiscal officer for old/new #.)
 Explanation: _____
- Change account # _____
 (Same fiscal officer for old/new #.)
 Explanation: _____

Change due to end of employment

- Terminate student employee from this position ____/____/____ Position Number _____
 (last day worked)

Office Use Only

Approved Denied - Reason _____

SFA Authorization _____ Date _____

Employee Class SR-SF		Position #		Suffix		Pay Rate		Effective Date	
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