



Southern Illinois University Edwardsville
 Student Financial Aid, 2221 Rendleman
 Edwardsville, Illinois 62026-1030
 (618) 650-2563 fax: (618) 650-2566
 stuemp@siue.edu www.stuemp.siu.edu

Recommendation for Student Employee Status Change

Student Name _____

University ID _____ SSN _____

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

Office Use Only

Approved Denied - Reason _____

SFA Authorization _____ Date _____

Employee Class SR-SF		Position #		Suffix		PayRate		Effective date	
-------------------------	--	------------	--	--------	--	---------	--	----------------	--