

Departments may use the rehire process when:

- ◆ a former student employee returns to the same position following an inactive period.
- ◆ the break in employment is no longer than one semester (e.g., not working during summer session).
- ◆ the student meets university requirements for student employment for the semester/term of employment:
 - 1) undergraduate students enrolled half-time (6 hours) and financially cleared;
 graduate students enrolled 5 hours fall/spring or 3 hours summer and financially cleared;
 - 2) classified as a degree-seeking student (not unclassified or visiting student status);
 - 3) meets standards of SIUE’s Satisfactory Academic Progress Policy (on web/in catalog); and
 - 4) is not in default on a student loan.

Rehire forms must be received by Student Employment within 30 days of the first day of the semester. The student may begin working after the department receives approval from this office. A copy of this form will be returned to the department with approval indicated.

Student’s Name _____

University ID _____ SSN _____

Hiring Department _____ Box # _____

Supervisor _____ Email _____

Account Name _____ Account Number _____

Account Number student was previously paid from (if different from above) _____

General duties to be performed by student _____

Rehire Beginning Date _____ Student’s last pay rate in position:

- minimum wage plus a ten cent longevity increase for every 500 hours worked
- special pay (complete page 2)

Certification: To my best knowledge, this student meets eligibility criteria for student employment (see above). In addition, I certify the student, if approved, will return to the same position he/she previously held. The student will not begin working until approval is received from Student Financial Aid.

Signature of authorized employing official _____ Date _____

IMPORTANT! If you marked “special pay” above, you must complete page 2 of this form.

Rehire Certification (for SFA use only)

Approved for rehire effective _____ E-Class _____ Position # _____

NOT approved for rehire due to _____

SFA Authorization _____ Date _____

Base Pay
Longevity
Other
Total Pay

IMPORTANT! Complete this page if you marked “special pay” on page 1.

Student’s Name _____

University ID _____ SSN _____

Minimum wage increases 25 cents per hour on July 1 of 2008, 2009 and 2010. If special pay marked above, please indicate desired action below:

Supervisory Increment

On the most recent date of employment this student was paid a 25¢ per hour supervisory increment. I wish to continue employing this student in a supervisory capacity. Therefore, if there has been a minimum wage increase since the student was last employed, please increase the hourly wage rate by the additional 25¢. I understand that failure to mark this box means that I must remove the supervisory duties from the employee’s job description.

Technical Increment

On the most recent date of employment this student was paid a 25¢ per hour technical increment. I wish to continue employing this student in a technical capacity. Therefore, if there has been a minimum wage increase since the student was last employed, please increase the hourly wage rate by the additional 25¢. I understand that failure to mark this box means that I must remove the technical duties from the employee’s job description.

Hard to Fill Position Increment

On the most recent date of employment this student was paid a 50¢ per hour increment for a previously hard to fill position. I wish to continue classifying this position as hard to fill. Therefore, if there has been a minimum wage increase since the student was last employed, please increase the hourly wage rate by the additional 50¢.

Special Hourly Assigned Wage Rate

On the most recent date of employment this student was paid an assigned wage rate. If there has been a minimum wage increase since the student was last employed, I wish to increase this rate by an additional 25¢ per hour.

By marking a box above and signing below, I am requesting that Student Employment increase the wage rate for this student according to the description by the box marked. If no boxes have been marked, I understand that the pay will not be increased by the additional amount. In addition, I understand that the ten cent per hour increase for every 500 hours worked will remain intact as defined in the University’s Student Wage Rate Policy and that all increased compensation will come from the departmental budget.

Fiscal Officer Signature _____ Date _____