SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Student Employment
2221 Rendleman Hall Campus Box 1030
Edwardsville, IL 62026-1030
Phone: 618-650-2563 Fax: 618-650-2566
Email: stuemp@siue.edu
Homepage: www.siue.edu/student-employment

Request to Retain a Student Employee

STUDENT INFORMATION

Student Name:_____ Univ. ID#: _____

Position Title and Number: _____ Start Date and Hourly Wage:_____

DEPARTMENT INFORMATION

Department:_____ Fiscal Officer (Name and Email): _____

Budget Purpose Number:_____ Hiring Officer (Name and Email): _____

Organization Code:_____ Payroll Officer (Name and Email):_____

STUDENT ELIGIBILITY

Check one. If the break exceeded one semester, submit a payroll authorization form instead.

☐ This student is currently employed by our department (there has been no break in employment)
☐ This student was previously employed by our department but had a one semester break in employment

I certify that this hiring request complies with Student Employment policy, that departmental funding information has been verified, and that the student will not begin work until approved by Student Employment.

_____ _____
Employer Signature **Date of Signature**

Student Employment Use Only

Hold_____ **Credits**_____ **Financially Clear**_____ **Mailing Address**_____

Citizen_____ **Class**_____ **SECA**_____ **FWS** _____ **SAP** _____

☐ Approved ☐ Denied _____

Student Employment Authorization_____ Date _____

CLASS	SUFFIX	POSITION #	WAGE	EFFECTIVE DATE