

## REQUEST FOR STUDENT SERVICES

Position or Job #	Positions	I9 form: is attached has been submitted	<b>Expenditure Class Codes</b>
Position of Employing Department Name			51422 Undergraduate Work-Study
Department Contact			51424 Undergraduate Work-Study Non-enrolled
Contact Phone Number			51426 Graduate Work-Study No Assistantship
Hire		Undergraduate – Work-Study	51420 Undergraduate Non-Work-Study
Change		Undergraduate – Non-Work-Study	51423 Undergraduate Non-Work Study Non-Enrolled
Termination		Graduate – Work-Study / No Assistantship	
			Community Service
			Yes      No

Note: Requests for Graduate Assistants other than Graduate Work-Study listed above must be submitted on form PBP-3G

1. Social Security Number	Class	Slot									
Name			Effective Date								
First	Middle	Last	Month	Day	Year						
Salary	Hour Rate	Part Time	Full Time	Basis	Home Department						
2. Begin Date			End Date			Hrs/Week					
Month	Day	Year	Month	Day	Year						
Hrs/Appt.	Emp Type		Main	Reg	Bran	TTV	FLSA	1	2	3	
Check Dist.	Time Dist.			Fed	Y	State	Y	FICA	Y		
Override	+      Expected Earnings \$			I9 Date	Month	Day	Year				
-											

Dept.	Fund	Class	Analytical	F V	FS O	Campus	Amount	Percent

### SIGNATURES

Department	Date		
Student Aid	Date	Payroll	Date