



## Position Action Approval Form Student Employee

This form is to be used to encumber funds for student employee positions. It should be completed for each fiscal year and submitted to the Office of Payroll Services.

1. Requesting Division:

President's Office	Grant Project
Academic Affairs	Summer Project
Administration	Academic Year Project
Student Affairs	
Institutional Advancement	
Human Resources	

2. Requesting Department \_\_\_\_\_ FRS Account No. \_\_\_\_\_

3. Date of Request \_\_\_\_\_

4. Position Title Requested \_\_\_\_\_

5. Grant Name (if applicable) \_\_\_\_\_

6. Total amount of funds to be encumbered: \$ \_\_\_\_\_

Rate of pay per hour: \$ \_\_\_\_\_ # of hours per week: \_\_\_\_\_

# of weeks to be worked: \_\_\_\_\_ # of persons to be paid: \_\_\_\_\_

7. Dates during which position will be filled: From \_\_\_\_\_ To \_\_\_\_\_

8. Contact Person \_\_\_\_\_ Extension Number \_\_\_\_\_

9. Approvals verify that funds are available at the requested level:

\_\_\_\_\_  
Department Director/Chairperson      Date

\_\_\_\_\_  
Dean      Date

\_\_\_\_\_  
Provost/Vice President      Date

Payroll Office Control Number \_\_\_\_\_