STUDENT EMPLOYMENT CHANGE IN STATUS FORM

This form is used to transmit changes in a student's payroll record.

Students Name: _____**Id#**_____
Last First

Position Number: _____ **Suffix:** ___ **Department Name**: _____

Pay Rate Changes

Effective Date of Rate Change _____/ 16th /_____
(All rate changes must be effective at the beginning of a pay period.)

Old Rate $_____**New Rate** $_____

Reason for Change: _____
_____
_____

Department Head Approval

_____ _____ ___/___/___
Signature Name (*Please Print*) Date

Student Signature (*Only needed for rate DECREASES*.)

_____ _____ ___/___/___
Signature Name (*Please Print*) Date

Termination of Contract

Effective Date of Termination of Contract _____/_____/_____

Reason for Termination of Contract

End of Contract☐ **Student Initiated Separation**☐ **Supervisor Initiated Separation**☐

Comments (*Required for supervisor initiated separations*.)_____
_____
_____

Department Head Approval **(Please submit this form and the final timecard to Payroll within 24 hours of termination.)**

_____ _____ ___/___/___
Signature Name (*Please Print*) Date