STUDENT EMPLOYMENT
CHANGE IN STATUS FORM

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

Students Name: ___________________________ Id# ___________________________

Last Name: ___________________________ First Name: ___________________________

Position Number: ___________________________ Suffix: ___________________________

Department Name: ___________________________

Pay Rate Changes

Effective Date of Rate Change ____________ / 1st day of the month / ____________
(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 ____________ / ____________ / ____________