

STUDENT HIRING REQUEST FORM

***PLEASE NOTE: STUDENTS MAY NOT WORK UNTIL THEY ARE CONSIDERED COMPLETE IN THE PAYROLL SYSTEM!**

Name of person making this request: _____

Type of employee requested (please check):

Student Worker: _____ Work Study Student (a form of financial aid): _____

Funding to be used: _____

Start Date: _____ End Date: _____ Rate of Pay: \$_____/hr.

Estimated number of hours to be worked each week: _____

Signature: _____

(Electronic signatures will NOT be accepted)

If you know the student you wish to hire, please have them complete the following:

(Last Name) (First Name) (Middle Initial)

(Address)

(Telephone Number) (E-Mail Address)

(Date of Birth) (Social Security Number) (UCID)

BELOW FOR OFFICE USE ONLY:

Biology Account Code (for hiring paperwork): _____

Work Study has been verified by Student Financial Aid: YES: _____ NO: _____ N/A: _____

Correct account code and rate is in UCFlex: YES: _____ NO: _____

If the information in UCFlex is incorrect, enter the number of the PCR processed to make the correction: _____

Checked By: _____