

THIS FORM IS SUBMITTED TO HUMAN RESOURCES FOR PROCESSING
All combined student employment is limited to no more than 29 hours per week.

Employer:		Banner ID:		Date	
Last Name:		First Name:		Middle Initial:	
Type of Student:		Does this student have another Campus job? Yes No If yes, Dept:		TYPE OF ACTION:	
Is the student on an F1 or J1 Visa?					
SEMI-MONTHLY STUDENT PAYMENT					
Position Number (Required)		Grad Asst Primary Function		Residential Contract Position Title (Attach Contract)	
Estimated Hours Per Week: (Required)	Total Salary:	Semi-Monthly Rate:	Begin Date:		End Date:
Dept Org. #		Dept. Name:			
VIMS GRADUATE WORKSHIP (hourly)					
Position Number (Required)		Position Title:			
Estimated Hours Per Week		Hourly Rate:		Effective Date (Student may <u>not</u> begin work until this form has received all approvals)	
Dept Org#	Timesheet Dept		Timesheet Approver's Position Number:		Timesheet Approver's Name
TERMINATION INFORMATION:					
Last Day of Work:		Termination Reason:			
Special Notes:					
LABOR DISTRIBUTION					
Index	Account	Activity	Percentage	Amount	
APPROVALS (Where Applicable)			FUNDING APPROVALS (based on source of funding)		
1. Supervisor		Date	5. Budget		Date
2. Department Chair		Date	6. Sponsored Programs		Date
3. Graduate Office		Date			
4. Dept Contact Name and Phone Number					
I-9					