STUDENT PERSONNEL ACTION FORM

FOR DEPARTMENT/DIVISION USE:

Student Name:				ber	
Hiring Department:			Dept. Number:		
•		Begin End			
Action<		Position:			
		Vacant Position Replacing (student's name)			
Reason:		Change from		to	
	Date of	of Change:		Last date wor	ked:
Rate of Pay:		Time Approver: "			
Eqo o gpwr					
MAXIMUM NUMBER OF WORK HOURS NOT TO EXCEED 19 HRS PER WEEK Crrtqxgf "d{ F gr cttment Budget Mgr:"					
FEDERAL WORK STUDY ONLY - FOR FINANCIAL AID:					
This student is:		Eligible		NOT Eligible	
Authorized by Financial Aid:					
By signing above, you are authorizing Human Resources to charge this student to the Federal Work Study account.					
STUDENT ASSISTANT ONLY - FOR BUDGET USE:					
Funds for this	positio			🗌 NOT Availa	
Position Numl	oer:"				
Dwf i g< HUMAN RESOURCES ONLY					
Declarge 1	out - 1			<u>CES ONLY</u> into OneUSG	Entered By:
Background st	arted	 Background Cl 	eared Enter		