

Work-Study Job Information Form

Employee S#: _____ New Continuing

Employee Name (Last, First, Middle Initial): _____

Division: Administrative Services Academic Affairs
 EASS Office of the President

Department: _____ Title: _____

Campus Address w/ Campus Box #: _____

Campus Phone #: _____ Campus Fax #: _____

Office Location: _____

Timesheet Approver Name: _____

Timesheet Approver S#: _____

Timesheet Org: _____

Pay Rate: _____ Award: _____

Begin Date: _____ End Date: _____

Initiated By: _____ Org Owner Name: _____

Org Owner Signature: _____ **Date:** _____

For internal use only:

Banner FOAP: _____

Position #: _____ Staff Initials: _____