

White Copy – Payroll
Pink Copy – Student Employment
Yellow Copy – Fiscal Officer/Supervisor
Gold Copy – Student Aide

## OFFICE OF STUDENT FINANCIAL AID INTRUCTIONS

This contract is to be completed by the department representative. All four copies are to be sent to the Office of Student Employment. Departments will have the yellow copy returned to them when authorization is affected by this office.

## OFFICE OF STUDENT EMPLOYMENT STUDENT EMPLOYMENT HIRING CONTRACT

Last Name	First Name		Middle Initial	University ID Number (UID)		
Street Address	Ci	ty County	State	Zip	For Office Use Only	
CHECK APPROPRIATE BOXES					Maximum Hours	/wk
Student's First Contract	Undergraduate	Graduate	W-4 attached	W-4 on file	Revision	
Change in Source Payment	Change in Rate of	Pay Change in Name	IL W-4 attached	IL W-4 on file	Reduction	
Change of Address	Position Reclassification				Hours/Pay Period	
Fund Organization Account Program		Position Title and Number		Level	Award Amount	Rate of Pay /hr
Department Account Numb	per	Effective Date	Те	rmination Date		
Fiscal Officer (Print & Sign)  Date					Budget (Sign)	Grant (Sign)
Student (Print & Sign)  Date				Date	Supervisor (Print &Sign)	Date
					Office of Student Employment (Sign) Date	