

SAMFORD UNIVERSITY

Human Resources Department

Student Employment Change of Status

Please complete all sections below that apply.

Student Name:	SU ID:
Department:	Position Code:
Job Title:	Hourly Rate:

Terminate from job: Effective date: _____ Last day worked: _____

Reason job ended: Schedule Change Took another job
(Check One) Graduated Inactive student
Other _____

Extension of job: Return Date: _____

Assignment will end on _____

Assignment will remain active until Payroll is notified by the department of a change.

Rate of pay change: Effective date: _____ New rate: \$ _____

Reason for change: _____

Budget: Use department funding for this position
Please check Position requires federal work study funding
one option: Use federal work study funds if available, if not use department funding

Banner FOAPAL: **Required for form to be processed**

Index: _____ Fund: _____ Org: _____ Acct: 612000 Prog: _____ Actv: _____

Supervisor Signature _____ Date _____

Print Supervisor Name _____ SUID _____

Budget Head Signature _____ Date _____

Print Budget Head Name _____ SUID _____

For Payroll Use Only

_____ Institutional Student Payroll (paid by dept budget) Position _____

_____ Federal Work Study/FWSCS Total Work Study Funds Authorized _____

_____ RJASEAR _____ TCP P/R _____ Date Processed _____